



APPLICATION

Completion of this form does not guarantee admission to Lebone II College.

GRADE

DATE OF APPLICATION

WHAT GRADE ARE YOU APPLYING FOR:

SECTION A

DOCUMENTATION REQUIRED

Please be advised that your application will not be considered unless it is submitted with all the information/documentation listed below.

- | | |
|---|--|
| <input type="checkbox"/> A photocopy of your child's birth certificate | <input type="checkbox"/> 2 × Passport/ ID size photographs of your child |
| <input type="checkbox"/> A photocopy of your child's latest school report | <input type="checkbox"/> Motivational letter (for student Gr 5- 10) |
| <input type="checkbox"/> Medical aid details (including any information about medical conditions) | <input type="checkbox"/> Testimonial (from current school e.g. Principal, HOD and or Educator Gr 4-10) |
| <input type="checkbox"/> Letter from Kgosana (If you are Mofokeng) | <input type="checkbox"/> Fostering/adoption documentation (if applicable) |
| <input type="checkbox"/> Parents Identity Document/s | <input type="checkbox"/> Copy of Road to Health card (Grade R-3) |
| <input type="checkbox"/> Parents 2 months payslips | <input type="checkbox"/> Transfer letter: once accepted by Lebone |
| <input type="checkbox"/> Parents 2 months bank statement | <input type="checkbox"/> Study permit (foreign students only): once accepted by Lebone |
| <input type="checkbox"/> A copy of latest school fee account | <input type="checkbox"/> Proof of Residence |

Are you Mofokeng? Y N Are both parents Bafokeng? Y N Is only one parent Mofokeng? Y N FATHER MOTHER

Is Boarding Required? Y N Has the child repeated a grade? Y N If so, please advise which Grade

Are the parents Lebone Alumni? Y N

CHILD INFORMATION

Surname (As appears on the birth certificate):

First name(s) in full: Preferred name:

Age: Date of Birth: Y Y Y Y M M D D MALE FEMALE

Religion: Home Language:

Has a previous application been made to Lebone II on behalf of this child? Y N

Present school:

Address:

Province: Post code:

Tel: Fax: Email:

Name of principal: Current grade:

Type of school: Public Primary Public High School Independent Home-schooling or online

Initials of both parents

SECTION B

PARENTAL/GUARDIAN/CAREGIVER INFORMATION

SECTION B (1)

Name of parent(s)/guardian(s)/caregiver(s) with whom the child lives: *(please specify Mr/Ms/Miss/Mrs/Dr/Revd)*

Relationship to child: *(eg. maternal grandmother, aunt, sister, mother, father)*

Postal address:

Province:

Code:

Physical address: *(where the child currently lives)*

Province:

Code:

Home tel:

Work tel:

Fax:

Cell:

Email:

Profession of parent(s)/guardian(s)/caregiver(s) with whom the child lives: *(please specify Mr/Ms/Miss/Mrs/Dr/Revd)*

Name:

Name:

Surname:

Surname:

Profession:

Profession:

Employer:

Employer:

SECTION B (2) – To be completed only if the information is different from the information supplied in Section B(1)

Name and surname of mother: *(please specify Ms/Miss/Mrs/Dr/Revd)*

Postal address:

Province:

Code:

Physical address: *(where the child currently lives)*

Province:

Code:

Home tel:

Work tel:

Fax:

Cell:

Email:

Profession:

Employer:

SECTION B (3) – To be completed only if the information is different from the information supplied in Section B(1)

Name and surname of father: *(please specify Mr/Dr/Revd)*

Postal address:

Province:

Code:

Physical address: *(where the child currently lives)*

Province:

Code:

Home tel:

Work tel:

Fax:

Cell:

Email:

Profession:

Employer:

SECTION B (continued)

PARENTAL/GUARDIAN/CAREGIVER INFORMATION

Names of parents as given on the child's Birth Certificate

Mother: Father:

Mother's ID number: Father's ID number:

(These dates are required as passwords for the telephone discussion regarding your child's application)

Are the biological parents named above: Married (to each other) Partners (not married) Widow/Widower
Single Divorced Separated

Which parent(s), has legal responsibility for the child? Both Mother Father

If the biological parents of the applicant are no longer together, please provide the name, address and telephone number of the parent who is no longer living at home. *(Please note: This MUST be completed as written permission is required for the application. If a parent is deceased, please ignore this section.)*

Name: Address:

Province: Postcode:

Home tel: Work tel: Cell:

Is he or she aware of this application and given his/her permission? Y N

If NO, please give reason:

Is the child an orphan? Y N Does the applicant have a biological brother/sister currently at Lebone II? Y N

Grade: House:

Please give the total number of dependent children in the family where the child lives *(excluding the applicant)*

Age: MALE FEMALE School: *(Government or Independent?)*

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SECTION C

Extramural interests and hobbies *(eg. sport – rugby, tennis, soccer etc., reading, drama etc.)*

Achievements *(eg. sport – teams, colours; academics; leadership roles; membership of societies etc.)*

SECTION D

ADDITIONAL INFORMATION

Dietary Restrictions/Requirements:

Allergies:

Any other circumstances/needs which you would like to draw to our attention: *(eg. health, family circumstances, allergies, etc.)*

SECTION E

FINANCE

Details of person(s) responsible for all payments owed to Lebone II for this child.

Name: Surname:

Home tel: Work tel: Fax:

Cell: Email:

Relationship to child:

I understand that Lebone II is an independent fee-paying school and that, in addition to the school fees, there will be other amounts due to Lebone II, such as, but not exclusive to, school uniforms, study materials, outings, extra activities, etc.

Signature of person(s) responsible for all payments

FINANCIAL ASSISTANCE

For those who wish to apply for financial assistance, please complete the Means & Needs Application Form. Please submit the Means & Needs Application Form together with your Application Form in order to speed up the process.

SECTION F

DECLARATION

The information I/we have given on this form is correct and complete to the best of my/our knowledge and belief. I/we understand that I/we may be asked to produce relevant documents to support the information provided in making this application. I/we would like my/our child to take entrance assessments in the appropriate year of entry. *(This application must be signed by all those who have legal responsibility for the child even if they are living or working abroad.)*

Signed

Print name:

Date:

Signed

Print name:

Date:

Email admissions to admissions@lebonecollege.co.za

or alternatively post admissions to **PO Box 2623, Phokeng 0335, North West Province, South Africa.**



FINANCIAL RESPONSIBILITY FORM

This form must be completed and signed by both parents.

CREDIT CHECK AUTHORISATION

Lebone II – College of the Royal Bafokeng is affiliated to TPN Credit Bureau, a registered credit bureau, all account payment profiles, patterns and behavior is recorded monthly with the credit bureau for the purposes as per the National Credit Act.

CONSENT CLAUSE *(Future consumer / debtor)*

APPLICATION FORM AND/OR CONTRACTUAL AGREEMENT

The consumer/debtor consents to and authorises Lebone II – College of the Royal Bafokeng, the supplier, service and/or credit provider to: -

- Contact, request and obtain information at any time from any supplier, service or credit provider (or potential credit provider) or registered credit bureau in order to assess the behaviour, profile, payment patterns, indebtedness, whereabouts, and creditworthiness of the consumer / debtor; and
- Provide information about the behaviour, profile, payment patterns, indebtedness, whereabouts, and creditworthiness of the consumer / debtor to any registered credit bureau or to any supplier, service, or credit provider (or potential credit provider) seeking a trade reference regarding the consumer's/debtor's dealings with the supplier, service and/or credit provider.

Father's Surname: First name(s) in full:

Father's ID Number:

Signature: _____

Date:

Mother's Surname: First name(s) in full:

Mother's ID Number:

Signature: _____

Date:

BANKING DETAILS *Below are Lebone II College banking details to pay for the application fee.*

Account Holder: Lebone II College
Bank: ABSA
Account number: **404 830 9361**
Branch Name: Rustenburg
Branch Code: 632 005
Swift Code: ABSA ZAJJ
Reference: Student Name and Surname/ Student Number
Fee Amount: **R100.00** per application



Initials of both parents