



APPLICATION FORM

This is a fillable PDF Form, you can complete this on your computer. Send completed forms to admissions@slc.co.za

YEAR OF ENTERING:	<input type="text"/>	INTO GRADE:	<input type="text"/>	BOARDER:	<input type="text" value="Y"/>	<input type="text" value="N"/>
Proposed Date of Entry:	<input type="text"/>	Gender:	<input type="text" value="M"/>	<input type="text" value="F"/>	<div>Please submit CLEAR head & shoulder image of pupil separate in JPEG format</div>	
Surname of Pupil:	<input type="text"/>					
First Name(s) of Pupil:	<input type="text"/>					
Preferred Name:	<input type="text"/>					
Date of Birth:	<input type="text"/>	Nationality:	<input type="text"/>			
Country of Birth:	<input type="text"/>	Cell No. of Pupil:	<input type="text"/>			
I.D. / Passport Number:	<input type="text"/>	Home Language:	<input type="text"/>			
Email Address of Pupil:	<input type="text"/>					

Parent 1 Full Name:	<input type="text" value="Dr."/> <input type="text" value="Mr."/> <input type="text" value="Mrs."/> <input type="text" value="Ms."/> <input type="text" value="Prof."/>	Name:	<input type="text"/>	Surname:	<input type="text"/>
Please select:	<input type="text" value="Biological Parent"/> <input type="text" value="Step Parent"/> <input type="text" value="Guardian"/> <input type="text" value="Foster Parent"/> <input type="text" value="Adoptive Parent"/>	Parent 1 is an Old Stanfordian?			
Please select:	<input type="text" value="Married"/> <input type="text" value="Divorced"/> <input type="text" value="Remarried"/> <input type="text" value="Single"/> <input type="text" value="Widow(er)"/>	<input type="text" value="Y"/> <input type="text" value="N"/>			
I.D. Number:	<input type="text"/>	Date of Birth:	<input type="text"/>		
Cell Number:	<input type="text"/>	Home Tel:	<input type="text"/>		
Email Address:	<input type="text"/>				
Occupation:	<input type="text"/>	Office Tel:	<input type="text"/>		
Employer:	<input type="text"/>				

Parent 2 Full Name:	<input type="text" value="Dr."/> <input type="text" value="Mr."/> <input type="text" value="Mrs."/> <input type="text" value="Ms."/> <input type="text" value="Prof."/>	Name:	<input type="text"/>	Surname:	<input type="text"/>
Please select:	<input type="text" value="Biological Parent"/> <input type="text" value="Step Parent"/> <input type="text" value="Guardian"/> <input type="text" value="Foster Parent"/> <input type="text" value="Adoptive Parent"/>	Parent 2 is an Old Stanfordian?			
Please select:	<input type="text" value="Married"/> <input type="text" value="Divorced"/> <input type="text" value="Remarried"/> <input type="text" value="Single"/> <input type="text" value="Widow(er)"/>	<input type="text" value="Y"/> <input type="text" value="N"/>			
I.D. Number:	<input type="text"/>	Date of Birth:	<input type="text"/>		
Cell Number:	<input type="text"/>	Home Tel:	<input type="text"/>		
Email Address:	<input type="text"/>				
Occupation:	<input type="text"/>	Office Tel:	<input type="text"/>		
Employer:	<input type="text"/>				



Are either of the biological
parents of the pupil deceased?

Biological Father Deceased?

Y N

Biological Mother Deceased?

Y N

Residential Address:

Town/City:

Country:

Province:

Code:

Postal Address:

Town/City:

Country:

Province:

Code:

ANOTHER CONTACT (IN THE EVENT THAT PARENT(S) / GUARDIAN(S) CANNOT BE CONTACTED)

Name & Surname:

Contact Number:

Name of present school :

Telephone Number of present school :

SIBLINGS

Name & Surname

School

**Grade/Year
Matriculated**

WHERE DID YOU HEAR ABOUT US? (PLEASE TICK ONE OF THE FOLLOWING)

<input type="checkbox"/> Referred by Friend/Parent	<input type="checkbox"/> Social Media	<input type="checkbox"/> Info Evening	<input type="checkbox"/> School Expo
<input type="checkbox"/> Sport Event	<input type="checkbox"/> Advert in Newspaper/Magazine	<input type="checkbox"/> Current School	<input type="checkbox"/> Website

If other, please explain:

DOCUMENTS REQUIRED FOR APPLICATION

Please submit the following documents with fully completed application to admissions@slc.co.za:

CLEAR head & shoulder image of child (JPEG) • Copy of most recent school report(s)
CLEAR copy of child's birth certificate • Proof of payment of application fee R410.00

Banking details:

Name: Stanford College | Bank: FNB | Branch Code: 260 349 | Account no: 53961097905
International Payment SWIFT code: FIRNZAJJ | Reference: Child's Name & Surname

Please refer to our website for the School's Bank Confirmation Letter.

THIS SECTION MUST BE COMPLETED BY THE PUPIL

Please attach a completed resume or answer the following questions:

1. Tell us about yourself:

2. Why have you decided to apply to Stanford Lake College?

3. What do you consider to be your greatest strength?

4. What extra-curricular activities are you involved in?

5. What do you know about Stanford Lake College?

6. What are you proudest of, in terms of your accomplishments, at your present school?

PLEASE NOTE:

- I/We the undersigned hereby make application for the admission of my/our child as a pupil of Stanford Lake College
- I/We the undersigned understand that by submitting this application form and the supporting documents does not guarantee a place to my/our child
- I/We the undertake to sign and abide by all school policies and procedure of the School as updated from time to time
- I/We certify that the above particulars are correct and completed fully
- I/We consent to Stanford Lake College performing a credit check for the purpose of considering this application

Stanford Lake College processes personal data to lawfully and legitimately support the School's operation as an independent school. We are committed to safeguarding the privacy of all stakeholders. By completing this form, you agree that we may collect, collate, process and/or store your personal information (as defined in the Protection of Personal Information Act (Act 4 / 2013) (POPIA)) for the purposes of selecting and admitting pupils, including running a credit check as part of the process. Please refer to the Privacy Policy on the School's website for further details about how we obtain, use and disclose your personal information, in accordance with the requirements of the Protection of Personal Information Act (POPIA). Please also refer to our Information Retention and Destruction Policy.

SIGNATURE OF PARENT / GUARDIAN 1
PRINT NAME & SURNAME

SIGNATURE OF PARENT / GUARDIAN 2
PRINT NAME & SURNAME

DATE