

Stanford Lake College



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 ENT | ERING: | | | INTO G | RADE: | | BOA | ARDI | ER: | Υ | N | |
|----------------------|----------------------|----------------|-----------|------------------|--------------------|--------------------|---------------------------------|------|-----|------|--------------------|--|
| Proposed Date of E | ntry: | | | | Gende | r: M | F | | | | | |
| Surname of Pupil: | | | | | | | | | | se s | submit AR | |
| First Name(s) of Pup | oil: | | | | | | | | | | noulder f pupil | |
| Preferred Name: | | | | | | | | | sep | ara | te in ormat | |
| Date of Birth: | | | | Natio | onality: | | | | JPE | J IC | ormat | |
| Country of Birth: | | | | | Cell No. of Pup | oil: | | | | | | |
| I.D. / Passport Numb | per: | r: | | | Home Language: | | | | | | | |
| Email Address of Pu | pil: | | | | | | | | | | | |
| Devent 1 Full Name | Dr. Mr. | NAro Mo | | | | | | | | _ | | |
| Parent 1 Full Name: | Dr. Mr. Biological | Mrs. Ms. | | Foster | Adoptive | | | | | | | |
| Please select: | Parent | Parent | Guardian | Parent | Parent | | Parent 1 is an Old Stanfordian? | | | | | |
| Please select: | Married | Divorced | Remarried | Single | Widow(er) | Olu Stalliolulali: | | | | | | |
| I.D. Number: | | | | | Date of Birth: | | | | | | | |
| Cell Number: | | | | | Home Tel: | | | | | | | |
| Email Address: | | | | | | | | | | | | |
| Occupation: | | | | | Office Tel: | | | | | | | |
| Employer: | | | | | | | | | | | | |
| Parent 2 Full Name: | Dr. Mr. | Mrs. Ms. | | | | | | | | | | |
| | | | | Fastar | A d a a di | | | | | | | |
| Please select: | Biological Parent | Step Parent | Guardian | Foster Parent | Adoptive Parent | | Parent 2 is an Old Stanfordian? | | | | | |
| Please select: | Married | Divorced | Remarried | Single | Widow(er) | | | | | | | |
| I.D. Number: | | | | | Date of Birth: | | | | | | | |
| Cell Number: | | | | | Home Tel: | | | | | | | |
| Email Address: | | | | | | | | | | | | |
| Occupation: | | | | | Office Tel: | | | | | | | |
| Employer: | | | | | | | | | | | | |

Are either of the biological parents of the pupil deceased?

Biological Father Deceased?

Biological Mother Deceased?

| Υ | N |
|---|---|
| Υ | Ν |

| Residential Address: | | |
|---|--|----------------------------|
| Town/City: | Country: | |
| Province: | Code: | |
| Postal Address: | | |
| Town/City: | Country: | |
| Province: | Code: | |
| | | |
| Name & Surname: | IT(S) / GUARDIAN(S) CANNOT BE CONTACTED) | |
| Contact Number: | | |
| Telephone Number of present school : | | |
| SIBLINGS Name & Surname | School | Grade/Year Matriculated |
| | | |
| | | |
| WHERE DID YOU HEAR ABOUT US? (PLEASE | | |
| Referred by Friend/Parent Sport Event Advert in Ne | Social Media Info Evening School wspaper/Magazine Current School | Expo 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 R350.00

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: |
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| 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. |
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