



AFRIDAWN COLLEGE

DAWN PARK CAMPUS

'KNOWLEDGE GROWS STRENGTH'

5509 Banteng Street
Dawn City, Dawn Park
Boksburg, Gauteng
Tel: 060 983 2418
E-mail: info@afridawncollege.co.za
Website: www.afridawncollege.co.za

LEARNER APPLICATION FORM

1 LEARNER INFORMATION

Full Name *(Full Names and Surname according to Learner's ID)*

Preferred Name *(Enter the name preferred to be called in class)*

Gender

☐

Female

☐

Male

Year Applying for

Grade Applying for

Current Age

Date of Birth

Country and Place of Birth

Nationality

ID/Passport Number:

Home Language

First Additional Language

Religion & Denomination

Learner Telephone No

Physical Home Address (incl Province)

Street Address Line 1

Street Address Line 2

City

Province

Postal / Zip Code

Present School Name

Present School Telephone No

Present School Email Address

Present School Principal's Name

Present School Teacher's Name

Present Grade

Initial Parent/Guardian

Has the learner repeated any Grade?

☐

Yes

☐

No

If so, which Grade/s?

Preferred Name *(Enter the name preferred to be called in class)*

Gender

☐

Female

☐

Male

Year Applying for

Grade Applying for

Current Age

Are any parents previous Afridawnians?

☐

Yes

☐

No

How did you hear about Afridawn College?

Names and Grades of siblings/relatives currently enrolled at AfriDawn

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LEARNERS MEDICAL INFORMATION

Medical conditions the College should be aware of (incl. allergies)

Blood Group *(If known)*

Vaccinated

☐

Yes

☐

No

Has the learner received any vaccinations?

Medical Aid Name

Medical Aid Number

Medical Aid Main Members Name

ID Number of Main Member

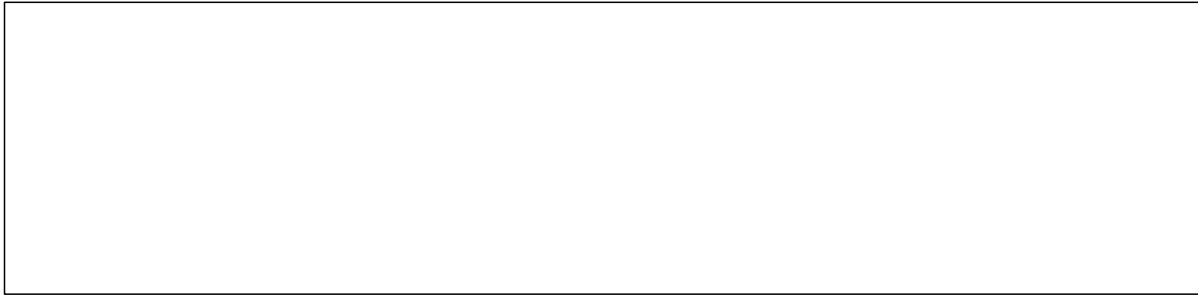
Family Doctor Name

Family Doctor Contact Number

Initial Parent/Guardian

ADDITIONAL LEARNER INFORMATION

Previous Academic Achievements



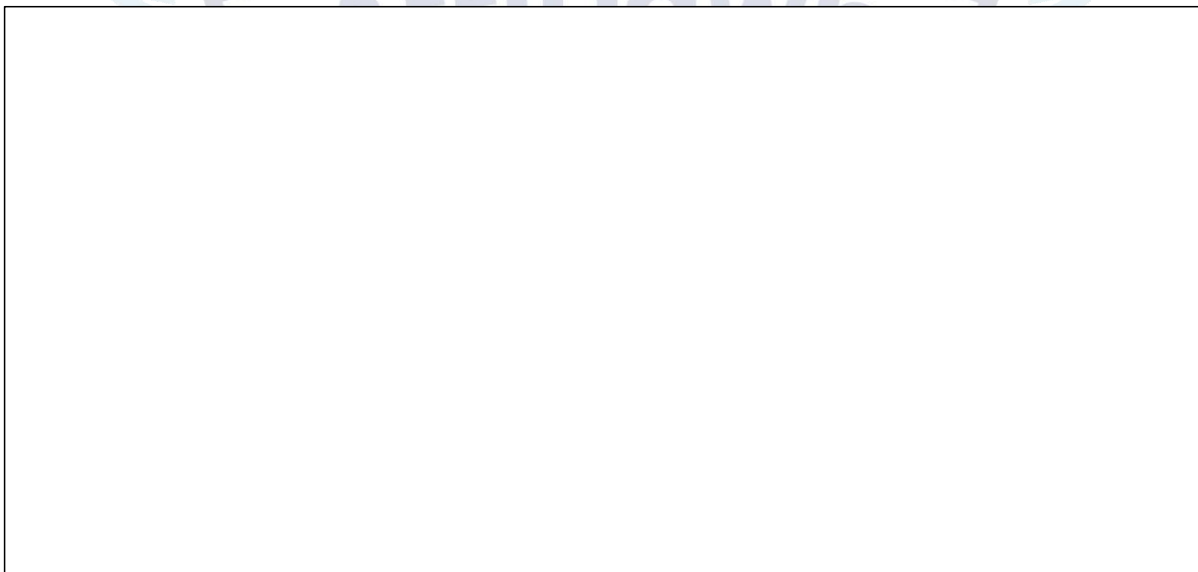
Previous Sport/Culture Achievements



Leadership Positions held:



Other achievements outside of school



Initial Parent/Guardian



Title

Parent 1

Full Name & Surname of Parent/Guardian

Parent 1

Full Name & Surname of Parent/Guardian

Parent 1

Contact Number (Mobile)

Parent 1

Contact Number (Home)

Parent 1

Contact Number (Work)

Parent 1

E-mail

Parent 1

Physical Home Address (Parent 1)

(If the same as Parent 2 & the child's, you may leave this blank.
If different, please complete.)

Postal Address (Parent 1)

Title

Parent 2

Full Name & Surname of Parent/Guardian

Parent 2

Full Name & Surname of Parent/Guardian

Parent 2

Contact Number (Mobile)

Parent 2

Contact Number (Home)

Parent 2

Contact Number (Work)

Parent 2

E-mail

Parent 2

Physical Home Address (Parent 2)

(If the same as Parent 1 & the child's, you may leave this blank.
If different, please complete.)

Postal Address (Parent 2)

Initial Parent/Guardian

Population Group

Parent 1

Occupation

Parent 1

Employer

Parent 1

Position

Parent 1

Type of Industry

Parent 1

E-mail

Parent 1

Marital Status

☐

Single

☐

Married

☐

Separated

☐

Divorced

Who has custody?

(Full Name of Parent/Guardian)

Who may collect the learner from Dawn Park Campus?

(Full Name of Parent/Guardian)

With whom does the learner reside?

(Full Name of Parent/Guardian)

Who will be responsible for fees?

(Full Name of Parent/Guardian)

In the event of divorced parents, must copies of the report be sent to the non-custodian parent/guardian/fee payer as well?

☐

Yes

☐

No

Full Name

Non-custodian parent/guardian/fee payer

E-mail

Non-custodian parent/guardian/fee payer

Initial Parent/Guardian

Any other pertinent information for our attention

EMERGENCY CONTACT DETAILS (NOT PARENTS/GUARDIANS)

Full Name

Full Name & Surname of Contact

Contact Number

Mobile

Contact Number

E.G. parent, guardian, sibling

Email Address

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PERSON RESPONSIBLE FOR PAYMENT OF COLLEGE ACCOUNTS

Title

Full Names & Surname of Payer

According to ID

ID/Passport Number

Phone Number

Mobile

ID/Passport Number

Phone Number

Mobile

Phone Number

Home

Phone Number

Work

Email for invoices/statements

Initial Parent/Guardian

Physical Home Address

Street Address Line 1
Street Address Line 2
Street Address Line 3
City
Postal / Zip Code
Province

Postal Address

Street Address Line 1
Street Address Line 2
Street Address Line 3
City
Postal / Zip Code
Province

Occupation

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Position

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Employer

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By completing this form, you consent to AfriDawn College collecting and processing your and your family's personal information for the purpose of processing your application to AfriDawn College. Your information will be used only for the purpose for which it was collected and will be handled in accordance with the Protection of Personal information Act (POPIA). We will not share your information without your permission unless required by law.

☐

Yes

☐

No

Date

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Signature

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Parent/Guardian (Father)

Signature

--

Parent/Guardian (Mother)


Application Fee - R450
EFT Details for Payment:

First National Bank (FNB)
Branch Code: 210554
Acc Type: Enterprise Business
Acc No: 63151305381
Swift Code: FIRNZAJJ
Ref: Initials, surname & Grade

Submit Proof of Payment, Form, and Documents to
 info@afriidawncollege.co.za or drop them off at our
Site Office: 5509 Banteng Street, Dawn City,
 Dawn Park, Boksburg.

Documents to be submitted with this application:

- Certified Birth Certificate of Learner
- Previous School's Report
(all 4 terms for previous year & term report for current year)
- Reference for Learner
(from the current school teacher, principal or religious leader)
- Vaccination Certificate *(copy of certificate)*
- Certified ID Copy of Parent/Guardian *(both parents)*
- Proof of Residence *(both parents)*
- Proof of Employment *(both parents)*
- 3 Months Stamped or Verified Bank Statements
(both parents)
- Stamped or Verified Bank Statements
(if different from parents)