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WESBURY COLLEGE

of



Science

P.O. BOX 1606
 PORT SHEPSTONE 4240.
 2ND FLOOR BOODRAM HOUSE, 18 N. MANDELA DRIVE
 PORT SHEPSTONE 4240.
CELL: 084 760 90 24
TEL./FAX 039 682 3160
EMIS NUMBER: 500444000
CENTER NUMBER: 5312266
UMALUSI ACCREDITATION NUMBER: 18 SCH01 00479

I.D. Photo

APPLICATION FORM 2019

PARTICULARS OF APPLICANT

Surname		<input style="width: 100%; height: 20px;" type="text"/>																													
First/Forenames in full		<input style="width: 100%; height: 20px;" type="text"/>																													
Date of birth	<input style="width: 100px; height: 20px;" type="text"/>	Identity number	<input style="width: 100%; height: 20px;" type="text"/>																												
Place of birth	<input style="width: 150px; height: 20px;" type="text"/>	Gender: Male	<input style="width: 30px; height: 20px;" type="checkbox"/>	Female	<input style="width: 30px; height: 20px;" type="checkbox"/>																										
Postal Address	<input style="width: 100%; height: 40px;" type="text"/>																														
Residential Address	<input style="width: 100%; height: 60px;" type="text"/>																														
Home tel. no.																														
Cell																														

B. ACADEMIC RECORDS

1. Name and postal address of last school attended.....

- 2 The year in which you left that school.....

Grade for which admission is sought for: 8 9 10 11 (PLEASE MARK X THE GRADE YOU WANT TO APPLY FOR)

PLEASE ATTACH THE FOLLOWING

1. Latest school report
2. Transfer card from previous school
3. Certified copies of identity document/ birth certificate (student) and I.D copy of guardian/ parent
4. Four(4 ×) FAST MAIL ENVELOPES(minimum size-120mm× 235mm)
5. Proof of residence

PARENT/GUARDIAN INFORMATION

Surname: _____

First/Forenames in full: _____

Identity number/Passport number

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Postal Address

Residential Address

Home telephone Number.....

Work telephone Number.....

Cell phone Number.....

Place of work.....

Work address.....

* A deposit, (refer to tuition fee structure), must be paid to reserve a place for a learner for the different options.

* NOTE: school fees once paid are not refundable.

DECLARATION BY APPLICANT.

- a) I testify that the statements made by me on this form are correct.
b) I confirm that, if admitted to the school, I will conform to the school's Regulations, and that I have read the current regulations attached to this form and the student handbook.
c) I understand that, if admitted to the school, and if my funds should at any time during my course prove to be inadequate, the school will not be able to provide financial assistance either by grant or remission of fees.
d) I authorize the school to take punitive action against me should I contravene the Regulation of the school.
e) I agree to wear the prescribed school uniform at all times and not to use mobile /cellular phones at school. Should I wear any unauthorized uniform and/or use the MOBILE PHONE at school, I agree that it should be confiscated and never returned to me again

f) The schools pass mark is 50% and above in all subjects to achieve or/promoted to the next grade

Signature of Applicant..... Date: / / 20.....

PAYMENT DETAILS (Please print in blue or black)

FINANCIAL DETAILS OF PERSON RESPONSIBLE FOR ACCOUNT

SURNAME OF ACCOUNT HOLDER: -----

FIRST NAME (S): -----

HOME PHONE #: -----

WORK PHONE#: -----

EMAIL: ----- @-----

METHOD OF PAYMENT: CASH CHEQUE DEBIT ORDER

GOVERNANCE

(Please read and consider each point carefully before signing below. This is a legal contract.)

- 1.1. The schedule of fees, extra – mural Fees, and additional fees is contained within the application package. They are applicable until further notice, and form a portion of the conditions laid out below.
- 1.2. All fees and other charges are payable to, and recoverable by the Governing Body/Board of Directors of Wesbury College of Science.
- 1.3. Each month’s fees are payable in advance against accounts rendered. The governing Body reserves the right to charge interest on overdue accounts at rate as the Governing Body in its entire discretion may determine. In event of accounts being unpaid on the last day of term, the pupil will not be permitted to return to the School at the beginning of the following term
- 1.4. The Governing Body may in its sole discretion, grant refunds and make changes or adjustments of fees, but there shall be no entitlement to any rebate of fees if the pupil is absent for any portion of a term owing to illness or any other cause
- 1.5. Once the learner has entered Wesbury College of Science, a clear term’s notice in writing of withdrawal, from the School or the school Hostel, is required. If such notice is not given, a full term’s fees- at the rate applicable for the next succeeding term – shall be paid in lieu thereof.
- 1.6. A clear half – term’s notice must be given to the Principal for the stopping of any extra – mural activity, or extra lessons. If notice is not given, a fee equal to a half – term’s payment for the activity or lesson will be charged in lieu of such notice
- 1.7. The Wesbury College of Science shall be entitled to instruct its attorneys to attend to the collection of any overdue accounts and the parent / guardian shall be liable for payment of all costs so incurred, on the scale between attorney and client, including collection commission, whether legal proceeding are instituted by the school’s attorney or not.
- 1.8. The Board of Governors reserves the right, without notice, to vary these conditions (including fees, extra fees and deposits) from time to time in its entire discretion, and failure by the Board of Governor’s to enforce any conditions shall not constitute a waiver of its rights.
- 1.9. **Fees (including application and all other fees) once paid are not refunded.**
- 1.10 **The schools pass mark is 50% and above in all subjects to achieve or/progressed/promoted to the next grade.**
- 1.11 **Learners obtaining 3* 30% and 3 * 40% in FET phase will repeat grade or promoted to next grade in a special class in which there will be additional 50% increase on the current school fees.**
- 1.12**School attendance is compulsory for all learners enrolled in the school, except on medical or any valid reasons with proof.**
- 1.13 **Attendance, assignments, home works, and class works will form part of a DP SYSTEM which a learner must obtain in order to be able to write end of term examinations in the school.**

I, the undersigned guardian/ parent:

- Declare that the particulars contained in this application are true and correct.
- Understand that any false or incomplete information may constitute grounds for immediate rejection.
- Agree unconditionally with all conditions concerning fees, governance listed above, information in parental guideline and student handbook.

FULL NAME: ----- DATE: -----/20.....
 (Please print)

SIGNATURE: ----- CAPACITY: PARENT GUARDIAN

EMERGENCY CONTACT DETAILS (Please print, in blue or black ink)
IN CASE OF EMERGENCY PHONE THIS PERSON FIRST

FULL NAME: -----
 SURNAME FIRST NAME (S)

HOME PHONE#: -----
 Code landline Number Code Cell Phone Number

WORK PHONE#: -----
 Code landline Number Code Cell Phone Number

RELATIONSHIP TO CHILD: -----

MEDICAL DETAILS

MEDICAL AID NAME: ----- **MEMBERSHIP NUMBER:** -----

MAIN MEMBER: -----
 SURNAME FIRST NAME (S)

FAMILY DOCTOR DETAILS

FULL NAME: -----
 SURNAME FIRST NAME (S)

CONTACT #: -----
 Code Landline/ Cell Number Code Fax Number

KNOWN MEDICAL CONDITIONS

Please note that legal documentation of all medical conditions, allergies, and medication outlined below needs to be provided to the school as part of the application package

HAS THE LEARNER EVER HAD ANY OF THE FOLLOWING CONDITIONS: (tick all that apply?)

HEART MURMUR	ASTHMA	ULCERS	TUBERCULOSIS
EPILEPSY	BLACKOUTS	ANXIETY ATTACKS	DEPRESSION
HEARING PROBLEM	ADD/ADDHD	DIABETES	NEED GLASSES
BLOOD PRESSURE HI/LOW	HEARING PROBLEMS		

Please list any allergies the learner might have: -----

Has the learner had any illness, disability, accident, or psychological disorder which required special hospitalization in the past five years?

Has the learner ever been a victim of, or personally witnessed a serious trauma, such as a Murder or violent crime?

CHRONIC MEDICATION

PLEASE LIST THE MEDICATION YOUR LEARNER TAKES REGULARY, THE TIME AND THE DOSAGE:

CONFIDENTIAL INFORMATION

The school's mission is to maintain a standard of achievement such that in teaching and learning it is judged to be one of the premier institutions in KwaZulu- Natal and the Republic of South Africa as a whole.

To achieve this the school strives to admit to available places on its courses of study students of the highest academic ability and motivation to disadvantaged students, as judged by the school on the basis, in part, of previous attainments/failures, and who are able, either personally or through other sources, to meet his/ her goals.

In pursuing this end, the school does ***NOT DISCRIMINATE AGAINST ANY PERSON ON THE GROUNDS OF COLOUR, RACE, NATIONALITY, RELIGION, and POLITICS OR SEX.***

In implementing its Equal Opportunity Policy, the school will incorporate the provisions in relation to age, disability, sexual preferences within the law. The policy will be regularly reviewed and arrangements made to monitor its application.

The information contained on this separate part of the form WILL NOT be used to inform selection decisions and is collected for monitor purposes. Please answer where applicable

AFRICAN ASIAN COLOURED WHITE OTHER
 HOME LANGUAGE: E-ENGLISH A-AFRIKAANS Z-ISIZULU X-ISIXHOSA OTHER..... (Specify)

INDEMNITY FORM

I, _____, I.D. No. _____

parent/guardian of _____ in Grade _____ acknowledge that

Wesbury College of Science is not in any way responsible for any loss, damage or injury sustained by the above learner or to any property upon entering the school premises and is indemnified against any claim that may arise therefrom. I hereby acknowledge that the information above is true and correct and I accept the terms of this disclaimer.

Signed on this _____ day of _____ 20 - - at _____

Parent/Guardian

Witness 1: _____

2: _____

ORIGINAL

**WESBURY COLLEGE OF SCIENCE- APPLICATION 2019- NURTURING TOMORROW'S SCIENTISTS
SCHOOL FEE STRUCTURE 2019**

GRADE ↓	TOTAL TUITION FEE [PER ANNUM IN RANDS] ↓	OPTION 1 NO DEPOSIT ONCE OFF PAYMENT ↓	OPTION 2 6 MONTHS INSTALMENT ↓		OPTION 3 10 MONTHS INSTALMENT ↓		OPTION 4 11 MONTHS INSTALMENT ↓		OPTION 5 ↓	SUBJECTS ↓	LANGUAGES ↓	
			DEPOSIT	MONTHLY Instalment	DEPOSIT	MONTHLY Instalment	DEPOSIT	MONTHLY Instalment	NO DEPOSIT 7 MONTHS PAYMENT			
8	R10 500.00 (Non-refundable)	R10 200.00	4500.00	1000x6	4000.00	700x10	6000.00	500x11	1500 X 7	Mathematics, Life Orientation, Social Science, Technology, Natural Science, Economic & Management Science, Creative Art, (Medical Basic Engineering and Manufacturing basic)	ZULHL & ENG.FAL OR ENG. HI & ZULFAL	<input type="checkbox"/>
9	R10 500.00 (Non-refundable)	R10 200.00	4500.00	1000x6	4000.00	700x10	6000.00	500x11	1500 X 7		ZULHL & ENG.FAL OR ENG. HI & ZULFAL	<input type="checkbox"/>
10 (Pure Science)	R11 500.00 (Non-refundable)	R11300.00	5500.00	1000x6	5500.00	700x10	7000.00	500x11	1650.00X7	Mathematics, Physical Science, Agricultural Sciences, Life Sciences, Life Orientation, (Medical Basic Engineering and Manufacturing basic)	ZULHL & ENG.FAL OR ENG. HI & ZULFAL	<input type="checkbox"/>
10 (General Science)	R11 500.00 (Non-refundable)	R11300.00	5500.00	1000x6	5500.00	700x10	7000.00	500x11	1650.00X7	Mathematics, Business Studies, Agricultural Sciences, Life Sciences, Life Orientation,	ZULHL & ENG.FAL OR ENG. HI & ZULFAL	<input type="checkbox"/>
10 (Business Science)	R11 500.00 (Non-refundable)	R11 300.00	5500.00	1000x6	5500.00	700x10	7000.00	500x11	1650.00X7	Mathematics, Accounting, Business Studies, Agricultural Sciences, Life Orientation	ZULHL & ENG.FAL OR ENG. HI & ZULFAL	<input type="checkbox"/>
11 (Pure Science)	R12 500.00 (Non-refundable)	R12 400.00	6500.00	1000x6	6500.00	700x10	8000.00	500x11	1800 X 7	Mathematics, Physical Sciences, Agricultural Sciences, Life Sciences, Life Orientation	ZULHL & ENG.FAL OR ENG. HI & ZULFAL	<input type="checkbox"/>
11 (General Science)	R12 500.00 (Non-refundable)	R12 400.00	6500.00	1000x6	6500.00	700x10	8000.00	500x11	1800 X 7	Mathematics, Business Studies, Agricultural Sciences, Life Sciences, Life Orientation,	ZULHL & ENG.FAL OR ENG. HI & ZULFAL	<input type="checkbox"/>
11 (Business Science)	R12 500.00 (Non-refundable)	R12 400.00	6500.00	1000x6	6500.00	700x10	8000.00	500x11	1800 X 7	Mathematics, Accounting, Business Studies, Agricultural Sciences, Life Orientation	ZULHL & ENG.FAL OR ENG. HI & ZULFAL	<input type="checkbox"/>
Extra lessons		R100.00 PER MONTH PER SUBJECT. (WHEN NECESSARY)										
		NON REFUNDABLE APPLICATION FEE = R500.00 ONCE OFF (This amount is not part of school fees)										
12		PLEASE REQUEST FOR INFORMATION ON GRADE 12 SCHOOL FEES FOR 2020(ESPECIALLY GRADE 11 APPLICANTS IN 2019)										