

EMIS:993301102

Enq: Shilenge T.D New Era College

Cell: 0826846697

 0822675045 P.O Box 2423

 Malamulele

Email: neweracollege99@gmail.com 0982

**APPLICATION FORM 2025**

IMPORTANT INFORMATION

This form must be completed in capital letters and in full

Completing the form does not necessarily mean that the learner has been admitted into the school

IF THE LERANER IS ACCEPTED, THE FOLLOWING DOCUMENTS MUST BE SUBMITTED TO THE SCHOOL

1. **2 Certified copies of the applicant’s recent results**
2. **2 Certified copies of ID/PASSPORT/Birth Certificate**
3. **Transfer letter from previous school from SA-SAMS**
4. **A non-refundable fee of R900-00 should be paid into the school account below:**

**FNB (Malamulele Branch)**

**Acc No. 62022362363**

**Ref: Learner’s Surname and Name +Grade (Produce proof of payment)**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| GRADE APPLIED FOR |  | HIGHEST GRADE PASSED |  | YEAR WHEN GRADE WAS PASSED |  |  | ACCESSION No.Office use |  |

|  |  |
| --- | --- |
| **SURNAME** |  |
| **FULL NAMES** |  | **INITIALS** |  | **NICKNAME** |  |
| **GENDER** | **MALE** |  | **FEMALE** |  | **DATE OF BIRTH** | **YYYY MM DAY** |
| **ID/PASSPORT No.** |  |
| **RACE** | **BLACK** | **WHITE** | **COLOURED** | **INDIAN** | **OTHER** | **NATIONALITY** |  |
| **COUNTRY** |  |
| **IF RSA, INDICATE PROVINCE** |  |
| **RESIDENTIAL ADDRESS** |  |
| **CITY/SUBURB** |  | **CODE** |  |
| **LEARNER CONTACT** |  |  |
| **LEARNER e-mail ADDDRESS** |  |
| **HOME LANGUAGE** |  | **PREFERED LANGUAGE OF INSTRUCTION** | **ENGLISH** |
| **BOADER** | **YES** |  | **NO** |  |
| **RELIGION** |  |
| **DECEASED PARENTS** | **FATHER** |  | **MOTHER** |  | **BOTH** |  | **N/A** |  |
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| **PREVIOUS SCHOOL INFORMATION** |

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| **NAME OF PREVIOUS SCHOOL** |  |
| **ADDRESS OF PREVIOUS SCHOOL** |  |
| **COUNTRY** |  | **PROVINCE** |  | **CODE** |  |
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|  **LEARNER MEDICAL INFORMATION** |

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| **MEDICAL AID NUMBER** |  | **MEDICAL AID NAME** |  |
| **MEDICAL AID MAIN MEMBER** |  | **DOCTOR’S NAME** |  |
| **DOCTOR’S NUMBER** |  |  |
| **MEDICAL CONDITIONS** |  |
| **SPECIAL PROBLEMS NEEDING COUNSELLING** |  |
| **DEXTERITY** | **LEFT** |  | **RIGHT** | **AMBIDEXTROUS** |
| **REG. SOCIAL GRANT** | **YES** | **NO** |
|  |  |  |

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|  **SIBLINGS** |

|  |  |  |  |
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| **NUMBER OF OTHER CHILDREN AT SCHOOL** |  | **POSITION IN THE FAMILY** |  |
| **NAME** |  | **GRADE** |  |
| **NAME** |  | **GRADE** |  |
| **NAME** |  | **GRADE** |  |
| **NAME** |  | **GRADE** |  |

 **INDEMNITY FORM**

**I the undersigned, being the parent/guardian of ……………………………………………………………………. Do hereby give my consent to his/her talking in the visit/tours organized by new era (including matric farewell).**

**I understand that he/she will take own risk, that while every precaution and care will be taken by the organizers neither the head master nor any member of staff will be held responsible for any accident, illness or injury which may occur during or as a result of the visit/tour.**

**Further, I authorize the organizers, the head master and members of the staff to act in loco parentis and empower them to authorize surgical operation or essential medical treatment which, for whatever reason may become necessary during the school visit/tour.**

**I /we the parents/legal guardian of (full names of applicant)**

**Hereby apply for his/her admission to New Era College. I / we confirm that the information contained is complete and accurate. I/we agree that New Era College’s acceptance of this application is conditional on my/our timeous completion of the “rules and regulations to New Era College”, documentation, including but not limited to the code of conduct, indemnity form(s) and conditions of admission.**

**Parent/guardian signature: …………………………………. Date: ………………………………………**

**Student’s signature: ………………………………………… Date: ………………………………………….**

**PAYMENT OF SCHOOL FEES**

**I ……………………………………………. (Full names) parent/guardian of …………………………………………………......**

**Hereby commit myself to full payment of fees due to the institution on or before stipulated dates, failure of which legal action may be taken against me.**

**Signature: …………………………………………………………………..**

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| **FOR OFFICE USE ONLY:**  |

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| 1. **Date**
 | 1. **Accepted**
 | 1. **Accession no:**
 |
| 1. **Rejected:**
 | 1. **Reason for rejection:**
 |  |
| 1. **Documentation received:**
 | **6a. Immunisation record:** | **6B. ID/Passport/Birth certificate:** |
|  **6C: Progress report** | **6d. Transfer letter:** |  |
| **Accepted by:** |  |  |
| **Verified by (principal)** |  |  |

 **PARENT/GUARDIAN INFORMATION**

**NB: COMPLETE A SEPARATE PARENT FORM FOR EACH PARENT LIVING IN A DIFFERENT PHYSICAL ADDRESS**

TITLE: INITIALS: SURNAME:

**M**

**F**

FULL NAME(S) GENDER:

HOME LANGUAGE: RACE:

**Yes**

**No**

ID NO/PASSPORT NO: ACCOUNT PAYER:

PHYSICAL ADDRESS: CODE:

CITY/SUBURB: CODE:

HOME TEL: WORK TEL:

CELL NO: FAX NO:

EMAIL ADDRESS: SPOUSE EMAIL ADDRESS:

OCCUPATION: EMPLOYER:

**SURNAME OF SPOUSE:** **NAME(S)**

**Yes**

**No**

**OCCUPATION OF SPOUSE**: LEARNER RESIDES WITH THIS PARENT(S)

SPOUSE ID NO:

|  |  |  |  |
| --- | --- | --- | --- |
| **SINGLE** | **MARRIED**  | **DIVORCE** | **WIDOWED**  |

MARITAL STATUS OF PARENT:

RELATIONSHIP TO LEARNER: