

EMIS : 993301102

Eng : Shilenge T.D

Cell : 082 684 6697 / 082 267 5045

Email: neweracollege99@gmail.com



New Era College

P.O Box 2423

Malamulele

0982

APPLICATION FORM 2026

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 ADDRESS							
HOME LANGUAGE					PREFERED LANGUAGE OF INSTRUCTION	ENGLISH	
BOADER	YES				NO		
RELIGION							

DECEASED PARENTS	FATHER		MOTHER		BOTH		N/A	

PREVIOUS SCHOOL INFORMATION

NAME OF PREVIOUS SCHOOL								
ADDRESS OF PREVIOUS SCHOOL								
COUNTRY				PROVINCE			CODE	

LEARNER MEDICAL INFORMATION

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

CONFIDENTIAL

SIBLINGS

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:

FOR OFFICE USE ONLY:

1. Date	2. Accepted	3. Accession no:
4. Rejected:	5. Reason for rejection:	
6. 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			
Full Names					Gender	F	M
Home Language				Race			
ID No / Passport No				Account Payer	Yes	No	
Physical Address					Code		
City / Suburb					Code		
Home Tell				Work Tell			
Cell No				Fax No			
Email	CONFIDENTIAL						
Spouse Email							
Occupation							
Employer							
Surname of Spouse							
Names of Spouse							
Occupation of Spouse							
Learner resides with this Parent(s)	Yes		No				
Spouse ID							
Marital Status of Parent	Single	Married	Divorced	Windowed			
Relationship to learner							