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NPC Reg. No. 1997/005605/08
NPO Reg. No. 085-381-NPO. PBO Reg. No. 930014218

Registered Independent School Founded in 1869



APPLICATION FOR ADMISSION

A. Personal Particulars of Applicant

1. Surname: _____
2. First Names: _____
3. Preferred Name: _____
4. Present postal address: _____
5. Residential address: _____
6. Telephone number: Home: _____
Cell: _____
- Email address: _____
7. Date of birth: _____
8. Home language: _____
9. Other languages _____

Spoken: Yes No Written: Yes No Read: Yes No

10. Faith: _____

11. Education Background of Applicant

- 11.1 Current grade: _____
- 11.2 Current school name & address: _____

- 11.3 Which grades have been repeated? _____
- 11.4 Which grade does applicant wish to enter? _____
- 11.5 Extra curriculum activities participated: _____

- 11.6 Leadership roles/other achievements: _____

12. Health

- 12.1 Are you on Medical Aid? _____
- 12.2 Does she suffer any fits or illness of any kind? _____
- 12.3 Name any serious illnesses: _____
- 12.4 Does she have any current of chronic medication? _____
- 12.5 Name and address of her family doctor: _____

- 12.6 Name of Medical Aid (if applicable) _____

B. Particulars of Parents/Guardians

1. Mother's details

- 1.1 Mother's name: _____
- 1.2 Mother's address: _____
- 1.3 Mother's contact number: _____
- 1.4 Mother's occupation: _____
- 1.5 Mother's ID number: _____
- 1.6 Mother's email address: _____

2. Father's details

- 2.1 Father's name: _____
- 2.2 Father's address: _____
- 2.3 Father's contact number: _____
- 2.4 Father's occupation: _____
- 2.5 Father's ID number: _____
- 2.6 Father's email address: _____

3. Guardian's details (if applicable)

- 3.1 Guardian's name: _____
- 3.2 Guardian's address: _____
- 3.3 Guardian's contact number: _____
- 3.4 Guardian's occupation: _____
- 3.5 Guardian's ID number: _____
- 3.6 Guardian's email address: _____

4. Fee Payer's details

- 4.1 Fee payer's name: _____
- 4.2 Fee payer's address (if differs from above): _____
- 4.3 Fee payer's contact number: _____
- 4.4 Name of Trust Fund (if applicable) _____
- 4.5 Email address: _____

5. Local contact relative/friend (if parents are a distance from Durban)

C. History with Inanda Seminary

1. If you were referred to Inanda Seminary, please state the full name of the person who referred you:

2. What is their relationship with the school? _____
3. Has anyone in your family been a student or staff at Inanda Seminary? _____
4. How did you hear about the school? _____

Parent/Guardian Declaration

I hereby apply for admission for the above-mentioned child/ward to Inanda Seminary and agree to pay the school fees, boarding fees and other charges as set forth in the school prospectus. I understand that the fees must be paid in advance, quarterly or monthly and that non-payment of fees gives the school the right to suspend the student's residence in hostel accommodation until arrears are paid or a decision is taken to terminate enrolment.

Notice - One term's notice must be given if a student is to be withdrawn. Fees will be charged in lieu of notice.

I promise to uphold the Code of Conduct and Core Values of the school and ensure my child/ward abides by it. I authorise the Principal of Inanda Seminary or his/her representative to sign on my behalf in the case of an emergency involving my child/ward. Furthermore, I authorise the Principal of Inanda Seminary or his/her representative to allow my child/ward to travel by vehicle when necessary, and I exempt any authorised driver of such vehicle at Inanda Seminary from any responsibility regarding my child/ward in case of an accident.

Signature of Parent/Guardian

Date

Signature of Applicant

Date

Parents are obliged to give an honest account of all remedial therapy/therapies/testing, which your daughter has undergone or required. This includes occupational therapy, speech therapy, and medical treatment for any medical condition or any other relevant information. Kindly attach copies of all relevant reports in this regard.

Please return the application form with the Application Fee of R600.

Acceptable forms of payment

- Direct deposit/ Internet payment (EFT)
- Recognised credit card/debit card
- Cash

Banking Details

Bank: Standard Bank
Type of Account: Current Account
Account number: 052409902
Branch: Briardene
Branch Code: 043626

Please enter your daughter's name and surname as reference (as the person paying)

PLEASE ENSURE THAT THE CONFIDENTIAL REPORT FORM IS HANDED TO THE CURRENT PRINCIPAL/TEACHER. ADMISSION/INTERVIEW WILL NOT BE CONFIRMED WITHOUT RECEIPT OF THIS FORM.

NB: APPLICATION FORMS RETURNED WITHOUT THE APPLICATION FEE WILL NOT BE CONSIDERED.

Office Use:

Date received: _____

Birth Certificate: _____

Age appropriate:

Yes	No
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Confidential Report: _____

Most recent Report:

Pass	Progressed	Fail
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Very Good	Good	Fair	Poor
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Parent ID: _____

Other ID: _____

Application Fee:

Yes	No
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Receipt no. _____

Sibling:

Yes	No
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Name: _____

Reading ability:

Very Good	Good	Fair	Poor
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Language ability:

Very Good	Good	Fair	Poor
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Confidence:

Very Good	Good	Fair	Poor
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Attitude:

Very Good	Good	Fair	Poor
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Body Language:

Very Good	Good	Fair	Poor
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Eager to come:

Yes	No	Not Sure
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Accompanied by:

Step mother	Step father	Mother	Father	Grand-mother	Grand-father	Aunt/ Uncle	Other
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Name: as per application form

Yes	No
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If No, name: _____

Family situation (gleaned from applicant where possible):

Interview Date: _____

Interviewer's Name: _____

Application Status

Accepted	Not Accepted	Pending
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Reason for pending or not accepting: _____

