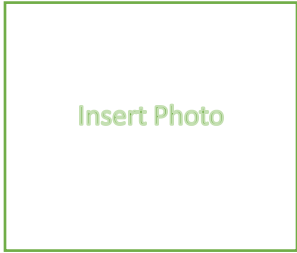




Wilberforce Community College

"Only the Best is Good Enough"



Post Office Box 5150 Mafatsane 1981
(016) 583 8000 (Telephone)
(016) 583 8027 (Telefax)
wilberforcecollege@gmail.com

APPLICATION FOR ADMISSION 20.....
STUDENT NO.....

SECTION A

The following must accompany the application:

1. Original matric or Senior Certificate in the case of new applications who have already passed matriculation. (Certified photocopies are not acceptable).
2. A recent acceptable testimonial (not older than 6 months).
3. Two passport photographs of application. The commissioner who witnesses the applicants' signature must certify on the reverse of the photograph: This is a true photograph of Mr./Mrs./Ms.

SURNAME:		INITIALS:																											
FULL NAMES:																													
PERMANENT POSTAL ADDRESS:																													
.....		POSTAL CODE.....																											
PERMANENT RESIDENTIAL ADDRESS:																													
.....		POSTAL CODE.....																											
DATE OF BIRTH: .	<table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>M</td><td>M</td><td>D</td><td>D</td></tr></table>	Y	Y	Y	Y	M	M	D	D	ID NO:	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																		
Y	Y	Y	Y	M	M	D	D																						

MARITAL STATUS: HOME LANGUAGE:

POPULATION GROUP: PROVINCE OF ORIGIN:

MATRIC DETAILS

Month and year: Examination Number:

Exemption or School leaving?..... Results Pending:

Aggregate Symbol:

Subject:	Grade:	Symbol/Level
.....
.....
.....
.....
.....
.....
.....
.....

Religion:

Intended course of study.....

Course level:

Residence: Parents' home [...] Private lodging [...]

Have you previously registered at an institution of higher learning: Yes [...] No [...]

Name the institution:

Year of registration:Student No:

Course Duration:

Fees Paid: R.....Date:Receipt No:

Fees Paid: R.....Date:Receipt No:

Fees Paid: R.....Date:Receipt No:

Fees Paid: R.....Date:Receipt No:

Qualification Submitted: Yes [...] No [...]

Verified: Yes [...] No [...]

Details Captured: Yes [...] No [...]

File Opened: Yes [...] No [...]

SECTION B
INFORMATION OF PARENT OR GUARDIAN

FULL NAME& SURNAME:

ID NO:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

- a. State whether parent/guardian.....
- b. If guardian, state how appointed.....

Postal Address..... Postal Code.....

Residential Address..... Postal Code.....

Work Address..... Postal Cod.....

Telephone Number. (h)..... (w).....
Fax No..... Cell.....

SURETYSHIP (To be completed by the above parent/guardian)

I, the undersign (Full Names) do hereby bind myself that as surely and co-principal debtor with the said..... (name of the above applicant) for the benefits arising out of legal exception ordinis seu exussionis et divisionis, the full force and effect of which I acknowledge myself to be acquainted with.

I further acknowledge that

- a. I have been chosen domicilium citandi et executandi At (Post office address is not acceptable)
- b. Any Proceeding at law which the college may desire to institute against me for the recovery of any sums of money due, may at the option of the college, be instituted in the magistrate's court having jurisdiction to which jurisdiction I hereby consent in terms of section 45 of Act 32 of 1944, as amended.
- c. Interest at the rate of 15,5% per annum will be charged on all fees arrears at the end of the academic year of half the year during which the said fees were paid. Interest at the abovementioned rate shall commence within sixty (60) days as the end of the academic year of half year.
- d. In the event of the college having to institute legal action to recover any amount due by the application, the applicant will be responsible for all costs of whatever nature, including legal costs on the scale as between attorney and own client, as well collection commission of 10% plus VAT on all payments.
- e. I accepted that if the applicant fails to pay fee before or on the due date his/her results be retained until such time as arrear fees, expenses and interest are paid in full.

Signed at.....on the.....day of.....20.....

Signature of surety/parent/Guardian: _____

SECTION C
ATTESTATION CLAUSE

I, the undersigned

..... (Full names)

In my capacity as Commissioner of Oaths, do hereby certify that the above Applicant is known to me/whom I have identified by reference to his/her identify book on.....

Signed the above application in my presence, and further that the applicant's parent/guardian also signed in my presence.

Commissioner of Oats:

Business Address:

.....

Designation:

Area of Application:

YOUR REGISTRATION WILL BE DEMED VALID ONLY IF THIS FORM IS COMPLETED

PAYMENT SCHEDULE:

- ❖ A minimum of R1500.00 is payable on registration including a non- refundable registration fee.
- ❖ No student will be registered without proof of payment of the minimum fee required.
- ❖ For yearlong programmes, half of the fees MUST have been paid by June 15th and fully fees by October 31st.
- ❖ For the semester programmes, fees MUST have been paid full by April 7th.
- ❖ No result would be issued while student has outstanding fees.