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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 girl 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 tuition and the right to be a resident in the hostel until arrears are paid or to terminate enrolment.

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 R500.**

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.**

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

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

**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: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_