2024 APPLICATION FORM CORNERSTONE COLLEGE (NPC)

a Conversione

Non-Profit Company, 2000/003322/08 Physical Address: 530 Moreleta Street, Silverton Private Bag X1840, Silverton, 0127 Telephone +27 (0)12 804 8350 Email address: <u>admin@corncol.co.za</u>

PLEASE COMPLETE IN CAPITAL LETTERS AND MARK CORRECT OPTIONS WITH AN X. ACCURACY IS ESSENTIAL!

		STUDEN	T'S DE	TAILS					
Student's Surname:							Grade:		
Student's Full First Names:					A	dmin	Number:		
Student's ID Number:				Stuc	dent'	's cell	number:		
Date of Birth (day/month/year):	F	Please Marl	lease Mark with X: Fema		:	Male:		Study Permit (non-SA students): Yes D No D	
Student's Age:	N	lationality:			0,	Study	permit ex	piry date if appl.:	
Name of previous school:				Tel N	lo:			Transfer letter:	
Name/s of sibling/s at Corners	tone this year:							Final 2023 Report:	
Names of siblings previously at Cornerstone:								Testimonial:	
Health concerns, allergies, or	daily medication	:							

PARENTS' OR LEGAL GUARDIANS' DETAILS (Please notify us as soon as there are changes!)													
DETAILS OF FATHER OR LEGAL GUARDIAN				DETAILS OF MOTHER OR LEGAL GUARDIAN									
Relationship to child:	Father		Step- Father		Other:		Relationship to child: Mother Step- Mother			Other:			
Title:		Sigr	nature):			Title:		Signature:				
First Name:							First Name:						
Surname:							Surname:						
ID Number:							ID Number:						
Residential Address:							Residential Address:						
Postal Address:			Post	al C	Code:		Postal Address:			Postal	Со	de:	
Cell Number:							Cell Number:						
Tel No. (H):							Tel No. (H):						
Name of Employer:							Name of Employer:						
Occupation:							Occupation:						
Tel No. (W):							Tel No. (W):						
Work Address:							Work Address:						
Email Address:							Email Address:						
Address where stude	nt lives												
Name/s of student's p	orimary	care	e-give	er/s	:								
Means of transport to/from school:			Name of driver if car/taxi:										
Alternative Contact's	Name	Not	Pare	nt/	Guardia	n):	Tel No:						
Alternative Contact's Name (Not Parent/Guardian): Tel No:													

Grade 8 - 9 Students Choose one:	Idents Home Language (HL), First Additional Language (FAL), Life Orientation [L.O.]							
Afrikaans	[@] English (HL)	English (FAL)	[@] Mathematics		[@] Accounting		Life Orientation	X
Sepedi*	Sepedi (HL)	Afrikaans (FAL)	Maths Literacy		Economics		C.A.T.	
lsizulu*	lsizulu (HL)*	Sepedi (FAL)	[@] Science		Business Studies		[@] Information Technology*	,
		lsizulu (FAL)*	Geography		Life Sciences		History*	
		[@] Specific entrance	requirements *Ac	cord	ding to demand			

PAYMENT SCHEME: Name of person res	sponsible for								
fee payments and name of fund/sponsor (if applicable):								
Choose scheme (mark one with an X):	Monthly:	Mid-monthly in advance:	Bi-Annual	Annual					
Signature:		Date:							
The non-refundable application fee of R500 (for new students only) must be included with this application form.									
Mid-month payments are accepted only in advance, i.e. before the end of the relevant month.									