

# 2026 APPLICATION FORM CORNERSTONE COLLEGE (NPC)



Non-Profit Company, 2000/003322/08 Physical Address: 530 Moreleta Street, Silverton  
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**PLEASE COMPLETE IN CAPITAL LETTERS AND MARK CORRECT OPTIONS WITH AN X. ACCURACY IS ESSENTIAL!**

| STUDENT'S DETAILS   |  |                     |                                  |                                |  |
|---|--|---------------------|----------------------------------|--------------------------------|--|
| Student's Surname:  |  |                     |                                  | Grade:                         |  |
| Student's Full First Names:   |  |                     |                                  | Admin Number:                  |  |
| Student's ID Number:  |  |                     |                                  | Student's cell number:         |  |
| Date of Birth (day/month/year):                                     |  | Please Mark with X: | Female: <input type="checkbox"/> | Male: <input type="checkbox"/> | Study Permit (non-SA students): Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Student's Age:  |  | Nationality:        |                                  |                                | Study permit expiry date if appl.:   |
| Name of previous school:  |  |                     | Tel No:                          |                                | Transfer letter:   |
| Name/s of sibling/s at Cornerstone this year:                       |  |                     |                                  | Final 2025 Report:             |  |
| Names of siblings previously at Cornerstone:                        |  |                     |                                  |                                |  |
| Physical or mental 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 <input type="checkbox"/> | Step-Father <input type="checkbox"/> | Other: <input type="checkbox"/> | Relationship to child:              | Mother <input type="checkbox"/> | Step-Mother <input type="checkbox"/> | Other: <input type="checkbox"/> |
| Title:  |                                 |                                      |                                 | Title:                              |                                 |                                      |                                 |
| First Name:   |                                 |                                      |                                 | First Name:                         |                                 |                                      |                                 |
| Surname:  |                                 |                                      |                                 | Surname:                            |                                 |                                      |                                 |
| ID Number:  |                                 |                                      |                                 | ID Number:                          |                                 |                                      |                                 |
| Residential Address:  |                                 |                                      |                                 | Residential Address:                |                                 |                                      |                                 |
| Postal Address:   |                                 |                                      |                                 | Postal Address:                     |                                 |                                      |                                 |
|   | Postal Code:                    |                                      |                                 |                                     | Postal Code:                    |                                      |                                 |
| 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 student lives:  |                                 |                                      |                                 |                                     |                                 |                                      |                                 |
| Name/s of student's primary care-giver/s:   |                                 |                                      |                                 |                                     |                                 |                                      |                                 |
| Means of transport to/from school:  |                                 |                                      |                                 | Name of driver if car/taxi:         |                                 |                                      |                                 |
| Alternative Contact's Name (Not Parent/Guardian):                                     |                                 |                                      |                                 | Tel No:                             |                                 |                                      |                                 |
| Alternative Contact's Name (Not Parent/Guardian):                                     |                                 |                                      |                                 | Tel No:                             |                                 |                                      |                                 |

| SUBJECT CHOICES (for more information see the Procedures Brochure): |                          |   |                          |                 |                          |                |                          |                  |                          |                          |                                     |
|---|--------------------------|---|--------------------------|-----------------|--------------------------|----------------|--------------------------|------------------|--------------------------|--------------------------|-------------------------------------|
| <b>Grade 8 - 9 Students</b><br>Choose one:                          |                          | <b>Grade 10 – 12 Students: Choose 7 subjects</b><br>Home Language (HL), First Additional Language (FAL), Life Orientation [L.O.]<br>and Maths/Maths Literacy ARE COMPULSORY |                          |                 |                          |                |                          |                  |                          |                          |                                     |
| Afrikaans   | <input type="checkbox"/> | @English (HL)   | <input type="checkbox"/> | English (FAL)   | <input type="checkbox"/> | @Mathematics   | <input type="checkbox"/> | @Accounting      | <input type="checkbox"/> | Life Orientation         | <input checked="" type="checkbox"/> |
| Sepedi*   | <input type="checkbox"/> | Sepedi (HL)   | <input type="checkbox"/> | Afrikaans (FAL) | <input type="checkbox"/> | Maths Literacy | <input type="checkbox"/> | Economics        | <input type="checkbox"/> | C.A.T.                   | <input type="checkbox"/>            |
| Isizulu*  | <input type="checkbox"/> | Isizulu (HL)*   | <input type="checkbox"/> | Sepedi (FAL)    | <input type="checkbox"/> | @Science       | <input type="checkbox"/> | Business Studies | <input type="checkbox"/> | @Information Technology* | <input type="checkbox"/>            |
|   | <input type="checkbox"/> |   | <input type="checkbox"/> | Isizulu (FAL)*  | <input type="checkbox"/> | Geography      | <input type="checkbox"/> | Life Sciences    | <input type="checkbox"/> | History*                 | <input type="checkbox"/>            |
| @Specific entrance requirements      *According to demand           |                          |   |                          |                 |                          |                |                          |                  |                          |                          |                                     |

|  |  |                                   |   |                                     |                                  |  |  |
|--|--|-----------------------------------|---|-------------------------------------|----------------------------------|--|--|
| <b>PAYMENT SCHEME:</b> Name of person responsible for fee payments and name of fund/sponsor (if applicable):   |  |                                   |   |                                     |                                  |  |  |
| Choose scheme (mark one with an X):  |  | Monthly: <input type="checkbox"/> | *Mid-monthly in advance: <input type="checkbox"/> | Bi-Annual: <input type="checkbox"/> | Annual: <input type="checkbox"/> |  |  |
| Signature:   |  |                                   |   | Date:                               |                                  |  |  |
| The <b>non-refundable</b> application fee of R700 ( <b>for new students only</b> ) must be included with this application form.<br><b>*Mid-month payments are accepted only in advance, i.e. 15<sup>th</sup> January and 15<sup>th</sup> of every month until 15 November.</b> |  |                                   |   |                                     |                                  |  |  |