



WELCOME TO SELBORNE COLLEGE

Dear Sir / Madam

Thank you for your enquiry to continue your son's High School education at Selborne College.

Selborne College is a traditional boys' school with a proud history. Selborne College offers a holistic education with various opportunities for our boys. We pride ourselves in being a Value Driven School, as we prepare our young men for significant roles in our society.

Please note that there are vacancies for Grade 8 learners and LIMITED vacancies for Grades 9, 10 and 11 learners. **Accordingly, please ensure that you apply at more than one school for your son.**

It is imperative that you are informed that Selborne College is an ENGLISH MEDIUM SCHOOL (Grade 8 – 12). All subjects are taught in English except for the first additional languages (Afrikaans and IsiXhosa). **PROFICIENCY in English therefore, is a pre-requisite for Admission to Selborne College.**

ALL Applications to be HAND DELIVERED for the attention Admission Office, Mrs Hodgkinson. Applications will **ONLY** be accepted with submission of **ALL** the relevant certified documentation (as per the list attached). Applications will close on the **8th April 2024.** (NO LATE applications will be considered.) Interviews may be conducted during the months of April, May and June.

Kindly note that anyone applying from outside of South Africa must be in possession of a valid Passport and Study Permit, before any application may be considered. **Failure to comply with these regulations may lead to fines being enforced by South African Law.**

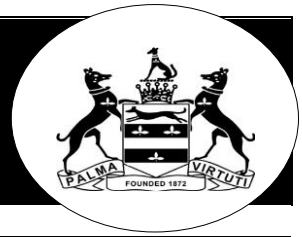
Yours faithfully

MR A C DEWAR
HEADMASTER

SELBORNE COLLEGE

Admissions Department - Dawson Road Selborne East London 5201 - PO Box 11194 Selborne 5213
Tel +27(0)437221822 - Fax +27(0)437437746 - Email: admissions@g.selborne.co.za

DOCUMENTS REQUIRED



Please use this form to ensure you have collected all the necessary information and attached it to your application form before submitting your Admission pack to the school.

- 1 Selborne College **APPLICATION FORM**
- 2 Four (2) Identical IDENTITY size **PHOTOGRAPHS** of your son.
(Photos to be taken in year of application)
- 3 Certified copy of your son's **UNABRIDGED BIRTH CERTIFICATE**
(If you need to apply for this, please supply use with an ordinary Birth Certificate together with the receipt for the unabridged one.)
- 4 Certified copy of your son's - **FINAL GRADE 6 REPORT**
- 5 Copy of **MEDICAL AID** membership card (back and front)
- 6 Copy of your son's **ROAD TO HEALTH/IMMUNISATION CARD**
- 7 Certified copy of **MOTHER'S** Identity Document or Passports
Certified copy of **FATHER'S** Identity Document or Passports
- 8 Certified copy of Identity Document of person responsible for the school fee account of the pupil (**if not the parent or guardian**).
- 9 Copy of **PROOF OF EMPLOYMENT** or **PAYSLIPS** for both parents/guardian.
(Not more than three months old.) (If Self Employed a letter from Bookkeeper/Accountant.)
- 10 **PROOF OF RESIDENCE** - A municipal utility account in the name of the Parent/Guardian. (Not more than three months old.)
(Proof of Residence is required for both parents if not living at the same address)
- 11 **GUARDIANS** - Legal documents attached.
- 12 **SINGLE PARENTS ALSO NEED TO SUBMIT**
A certified copy of the death certificate of the other parent if deceased.
A certified copy of the final divorce agreement if divorced.
A certified copy of the Identity Document/Passport and contact details of the other parent if never married.
- 13 **OTHER**
Certified copy of Court Ruling for Guardianship if applicable.
Non-South African Residents to provide certified copies of **Passport/ Study Permit/Refugee Status** issued by the Department of Home Affairs.
- 14 **ADMINISTRATION FEE** of R100.00 is payable with application.
ALL admin fees due on submission by **EFT (ONLY)** Banking details:
Account Name - Selborne College - **Standard Bank** - Current Account
Account No. 241567009 - **Branch Code:** 051001
Ref number - Son's Surname/ 2025

NO APPLICATION will be accepted / processed without ALL the relevant documentation attached!



2024 FINANCE STRUCTURE

The school fee table below is in respect of our 2024 fee structure - fees for 2025 will only be available in November 2024, once the SGB Budget Meeting has been held.

SCHOOL FEES (Day Scholar Only)	MONTHLY	TERMLY	ANNUALLY
	per month x 11 months	(Paid termly, in advance)	(Paid annually in advance)
	R 4 680	R 12 870	R 51 480
FULL BOARDING FEES	MONTHLY	TERMLY	ANNUALLY
	n/a	(Paid termly, in advance)	Discounted Amount: R59000 (If settled by 01/02/24)
		R 15 675	R 62 700
WEEKLY BOARDING FEES	MONTHLY	TERMLY	ANNUALLY
	n/a	(Paid termly, in advance)	Discounted Amount: R42500 (If settled by 01/02/24)
		R 11 165	R 44 660
AD-HOC NIGHTLY FEE	R 250.00		
DAY SCHOLAR DEPOSIT	<p style="text-align: center;">R 5 000.00</p> <p style="text-align: center; color: red;">The deposit covers the first monthly instalment of school fees and the balance is raised as your refundable deposit</p>		
BOARDERS DEPOSIT	<p style="text-align: center;">R 5 000.00</p> <p style="text-align: center; color: red;">The full deposit is held to cover breakages and is held in a suspense account until your son completes grade 12 or withdraws from hostel.</p>		

PLEASE NOTE THE FOLLOWING

1. Fees are payable in South African Rand ONLY.
2. **A full term's written notice of withdrawal of a pupil is required. If this is not supplied, a term's fees will be charged in lieu of written notice not received.**
3. A full term's notice is required should a pupil change from being a boarder to a day scholar.

Should you have any further queries regarding the Financial Structure of our school, kindly contact our Bursar via telephone or email (bursar@selborne.co.za).

SELBORNE COLLEGE

Admissions Department - Dawson Road Selborne East London 5201 - PO Box 11194 Selborne 5213
Tel +27(0)43 7221822 - Fax +27(0)43 7437746 - Email: admissions@g.selborne.co.za Website: www.selborne.co.za



ADMISSION FORM

Closing date for Grade 8 applications: 8 April 2024 (12H00)

Grade 9-11 applications will be considered should a vacancy exist in the grade.

GRADE applying for (please indicate with an X)	8	9	10	11	12
ADMISSION as a (please indicate with an X)	DAY SCHOLAR			BOARDER	
CURRENT SCHOOL				Full Time	
YEAR (admission req.)	2025			Weekly	

DETAILS OF APPLICANT

FIRST NAME (s)						PREFERRED NAME				
SURNAME						LEARNER CELL NO.				
BIRTH DATE	Year		Month		Day	LEARNER EMAIL ADDRESS				
CITIZENSHIP OF LEARNER	SA Citizen		IDENTITY NUMBER			Pupils 16 yrs or older please attach copy of Identity Doc.				
	Non SA Citizen		PASSPORT NUMBER			Copy of Passport/Study Permit is required if not South African				
	Asylum Seeker		REFUGEE STATUS			Copy of Passport/Study Permit is required if not South African				
POPULATION GROUP (please indicate with an X)	African / Black	White	Asian / Indian	Coloured	Other	EMERGENCY NAME		Of the person your son LIVES with		
						EMERGENCY SURNAME		Of the person your son LIVES with		
HOME LANGUAGE						RELATIONSHIP		Of the person your son LIVES with		
PREFERRED LANGUAGE OF INSTRUCTION						EMERGENCY NUMBER		Of the person your son LIVES with		
DEXTERITY OF LEARNER (Indicate with an X)	Right	Left	Amdixtrous			RELIGION / CHURCH				
MODE OF TRANSPORT						DECEASED PARENT (indicate with an X)		Mother	Father	Both
PHYSICAL ADDRESS						HOME TELEPHONE NUMBER		Provide copy of death certificate		
SUBURB						CITY		CODE		
PROVINCE OF RESIDENCE						COUNTRY OF RESIDENCE				

PREVIOUS SCHOOL INFORMATION

NAME OF PREVIOUS SCHOOL									
NAME OF PRE-PRIMARY SCHOOL									
PROVINCE					COUNTRY			CODE	
Has applicant previously repeated a Grade?				NO	YES	If YES, which grade?			
Has applicant previously applied at Selborne?				NO	YES	If YES, which year?			

PREVIOUS RELATIVES AT SELBORNE

(Grandfather/Father/Uncle/Brother)

Name and Surname	Relationship	House (Crewe/Fuller/Malcomess/Reece/Perry)	Exit Year

DETAILS OF SIBLINGS

Name and Surname	School / Tertiary Institution	Grade	Year

SOCIAL GRANTS

Does this learner benefit from the National School Nutrition Program?				YES	NO
DO YOU RECEIVE A SOCIAL GRANT	YES	NO	WHICH TYPE OF GRANT DO YOU RECEIVE Please indicate with an X	CHILD SUPPORT	MAINTENANCE
If yes, please provide Social Grant Number:				FOSTER CHILD	CARE-DEPENDENCY
Are you currently receiving a School Fee Exemption?	YES	NO	PARTIAL	NOT APPLICABLE	Student Study Time
				FULL TIME	X

Interviews will be held. You will be informed whether your application has been successful. School fees are payable monthly, quarterly or annually, preferably in advance. Boarding fees are payable strictly in advance (boys will only be admitted to hostel if they can produce proof of payment). Debit order facilities are available.

Initials of both parents

--	--

ADMIN NO.

FOR OFFICE USE ONLY
RECEIVED BY

DATE RECEIVED

DETAILS OF BIOLOGICAL FATHER / LEGAL GUARDIAN

FIRST NAME (s)					TITLE	
SURNAME						
IDENTITY NUMBER						
MARITAL STATUS <small>(please indicate with an X)</small>	SINGLE	MARRIED	DIVORCED	WIDOWER <small>Please provide death certificate</small>	GUARDIAN <small>Please provide death certificate</small>	
TELEPHONE NO.	Home		Cell			
	Work		Email			
RESIDENTIAL ADDRESS					POSTAL CODE	
POSTAL ADDRESS <small>(If different to above)</small>					POSTAL CODE	
OCCUPATION						
NAME OF EMPLOYER	<small>(If parent is state employed, state name of Institution or if self employed, state name of business)</small>					
PHYS. WORK ADDRESS						

DETAILS OF BIOLOGICAL MOTHER / LEGAL GUARDIAN

FIRST NAME (s)					TITLE	
SURNAME						
IDENTITY NUMBER						
MARITAL STATUS <small>(please indicate with an X)</small>	SINGLE	MARRIED	DIVORCED	WIDOWER <small>Please provide death certificate</small>	GUARDIAN <small>Please provide death certificate</small>	
TELEPHONE NO.	Home		Cell			
	Work		Email			
RESIDENTIAL ADDRESS					POSTAL CODE	
POSTAL ADDRESS <small>(If different to above)</small>					POSTAL CODE	
OCCUPATION						
NAME OF EMPLOYER	<small>(If parent is state employed, state name of Institution or if self employed, state name of business)</small>					
PHYS. WORK ADDRESS						

ADDITIONAL INFORMATION ON APPLICATION

APPLICANT LIVING WITH <small>(please indicate with an X)</small>	PARENTS	MOTHER	FATHER	GUARDIAN	OTHER	
HOW MANY CHILDREN	APPLICANT'S POSITION (1st Born etc.)					
COMMUNICATION TO	PARENTS	MOTHER	FATHER	GUARDIAN	OTHER	
PARENT RESPONSIBLE FOR SCHOOL FEES <small>(Please note both parents are responsible for fees) Kindly indicate who is to receive the statements</small>		MOTHER	FATHER	OTHER <small>Details to be given See below</small>		
EMAIL ADDRESS FOR STATEMENTS						
PAYMENT METHOD	ANNUAL		TERMLY	MONTHLY	DEBIT ORDER	

DETAILS OF PERSON RESPONSIBLE FOR ACCOUNT (To be completed if NOT the Father or Mother)

FIRST NAME (s)					TITLE	
SURNAME						
IDENTITY NUMBER						
MARITAL STATUS <small>(please indicate with an X)</small>	SINGLE	MARRIED	DIVORCED	WIDOWER <small>Please provide death certificate</small>	GUARDIAN <small>Please provide death certificate</small>	
TELEPHONE NO.	Home		Cell			
	Work		Email			
RESIDENTIAL ADDRESS					POSTAL CODE	
POSTAL ADDRESS <small>(If different to above)</small>					POSTAL CODE	
OCCUPATION						
NAME OF EMPLOYER	<small>(If parent is state employed, state name of Institution or if self employed, state name of business)</small>					
PHYS. WORK ADDRESS						

SIGNATURE

Initials of both parents

EXTRA-MURAL PARTICIPATION

All learners are expected to participate in sport at School during the afternoons (at least one in summer and one in winter). Please indicate those sports in which you would like your son to participate.

Does your son participate actively in a School Sport & Cultural Programme?	NO	YES	If NO, specify reason:				
Indicate those sports in which you would like your son to participate.							
SUMMER	Athletics	Cricket	Rowing	Swimming	Water Polo	Tennis	Squash
WINTER	Rugby		Hockey	Squash		Tennis	Cross Country

ACHIEVEMENTS

APPLICANT'S ACTIVITIES AND INVOLVEMENT IN CURRENT SCHOOL: Please list any noteworthy achievements (Provincial representation, Captaincy, etc)

ACADEMIC	
CULTURAL	
SPORT	
LEADERSHIP POSITIONS	
SPORT	SUMMER SPORT
SPORT	WINTER SPORT

MEDICAL INFORMATION

MEDICAL AID NAME	Medical Aid telephone No.	
Membership No.	Principal Member	
Family name of Doctor	Telephone No.	
Physical Address		
MEDICAL CONDITIONS	Special Health Problems or any important information (e.g. Asthma, Epilepsy, Allergies etc.) including medication requirements	

EMERGENCY CONTACT INFORMATION

(Not Parents' Details - Next of kin, in case of emergency, if the school cannot get hold of either parent)

NAME		TITLE	
SURNAME			
IDENTITY NUMBER			
RELATION TO PUPIL			
MARITAL STATUS <small>(please indicate with an X)</small>	SINGLE	MARRIED	DIVORCED
			WIDOWER <small>Please provide death certificate</small>
			GUARDIAN <small>Please provide death certificate</small>
TELEPHONE NO.	Home		Cell
	Work		Email
RESIDENTIAL ADDRESS			POSTAL CODE

Initials of both parents

LSEN QUESTIONNAIRE

Do you have any special educational needs? **NO** **YES** If **YES**, please attached Educational Report.

If your son has an existing approved CONCESSION with the Department of Education - kindly attach the approved letter to this application.

NO

YES

**Please indicate if you have been diagnosed with any of the following, kindly supply supporting documentation (e.g. Doctors Certificate or historical report).
If not mentioned, please indicate what your diagnosis is: (Please indicate with an X)**

Anxiety Disorder		Conduct Disorder		Hard of Hearing		Profound Intellectual Disabled	
Aphasia		Deaf		Hemiplegic		Quadriplegic	
Attention Deficit Disorder without hyperactivity		Deaf/Blind		Impaired Lower Limb		Schizophrenia	
Attention Deficit Hyperactivity Disorder		Depression		Impaired Upper Limb		Social Communication Disorder	
Auditory Processing Disorder		Dyscalculia		Insomnia		Speed Sound Disorder	
Austic Spectrum Disorder		Dysgraphia		Mild/Moderate Intellect Disabled		Stuttering	
Blind		Dyslexia		OCD		Traumatic Head Injury	
Cerebral Palsied		Epilepsy		Paraplegic		Other (Specify)	
Chronic Medical Condition		Foetal Alcohol Syndrom		Partially Sighted			

LANGUAGE CHOICE (GRADE 8 - 9)

All pupils do English as their primary language. Please indicate which of AFRIKAANS or ISIXHOSA you choose as his first additional language.

AFRIKAANS

ISIXHOSA

ACADEMIC SUBJECT CHOICE (GRADE 10 - 12)

LINE NUMBER	SUBJECTS	PLEASE TICK
COMPULSORY SUBJECT	ENGLISH (HOME LANGUAGE)	X
FIRST SET (Choose one subject only)	AFRIKAANS (FIRST ADDITIONAL LANGUAGE)	
	ISIXHOSA (FIRST ADDITIONAL LANGUAGE)	
SECOND SET (Choose one subject only)	MATHEMATICS	
	MATHEMATICAL LITERACY	
COMPULSORY SUBJECT	LIFE ORIENTATION	X
THIRD SET (Choose one subject only)	PHYSICAL SCIENCES	
	GEOGRAPHY	
	MUSIC	
	CAT	
	VISUAL ART	
FOURTH SET (Choose one subject only)	LIFE SCIENCES	
	HISTORY	
	GEOGRAPHY	
	IT* (*IT will only be offered here if there is sufficient demand)	
FIFTH SET (Choose one subject only)	MUSIC	
	ACCOUNTING	
	ENGINEERING GRAPHICS AND DESIGN	
	LIFE SCIENCES	
	VISUAL ART	
	MUSIC	
	BUSINESS STUDIES	

Initials of both parents

ADMISSION APPLICATION

Completion of this application and the payment of the **R100 administration fee** is not a guarantee that your child/ward will be accepted at Selborne College. This fee is refundable upon request if the application is unsuccessful.

You will be informed of the school's decision by the 31 August 2024.

A deposit of R5 000 is payable within 14 days to secure the position offered.

DECLARATION BY PARENT/GUARDIAN

Should my son be accepted at Selborne College, I hereby agree to:

Accept the <i>ethos</i> of the school as contained in the Mission Statement (will receive this with the acceptance pack)	YES	NO
Abide by the Code of Conduct of Selborne College (will receive this with the acceptance pack)	YES	NO
Acknowledge the authority of the Principal, the educators and student leaders	YES	NO
Pay the compulsory school fees as agreed by the parent body at the Annual Budget Meeting	YES	NO
Pay any bank charges and interest on any outstanding fees	YES	NO
Notify the Principal, in writing, in the event of my child leaving the school at least one term in advance or pay a terms fee <i>in lieu</i> of such notice. (This is if the pupil is withdrawn for reasons other than disciplinary or financial default)	YES	NO
In addition to a withdrawal, I undertake to return all books and other property belonging to the school	YES	NO
Ensure that my son attends school regularly and, should my son be absent from school for any reason, to inform the school in writing	YES	NO
Pay all costs incurred for damage to school property or losses caused by my son	YES	NO
I am fully aware of the admission requirements of Selborne College as contained herein.	YES	NO
I hereby grant Selborne College and its associate bodies irrevocable permission to publish photographs and videos of my son throughout his scholastic career, encompassing official and unofficial school events, both on and off the school premises (IMAGE RELEASE FORM - will receive this with the acceptance pack).	YES	NO
I hereby consent to my son's participation in any school activity outside the school premises. I further agree that the educators of the school, or a person appointed by the school, may transport my son to and from the school premises for the purposes of school activities outside the school grounds (CONSENT FORM FOR LEARNER TRANSPORT - will receive this with the acceptance pack).	YES	NO
I will take responsibility for ensuring that my son is adequately insured against personal injury or related risks. I will also ensure that his personal belongings are marked and, if necessary, adequately insured against loss and I understand that the school cannot be held responsible for any losses or damage incurred.	YES	NO
Whilst involved in school activities, I authorize the Principal (or appointed staff member) to act <i>in loco parentis</i> , including granting consent for medical treatment in the case of an emergency, once all reasonable efforts to contact the pupil's parents/guardians have been made.	YES	NO
I accept that in line with POPIA (Protection Of Personal Information Act) Selborne College will attempt to ensure the confidentiality of all data collected. By submitting an application you accept this disclaimer (POPIA ACT POLICY FORM - will receive this with the acceptance pack).	YES	NO
I acknowledge that Selborne College is a fee-paying school and parents are expected to pay the fees in full according to arrangements agreed to on the Acceptance Form. Fees are revised each year according to the budget. Financial assistance will be considered after submission of a written request for a fee reduction using the school's Exemption Application Form. Only upon approval, will fees be reduced. An exemption will be reviewed annually.	YES	NO

I/We request that my/our son be admitted as a pupil of Selborne College. In signing this form, we acknowledge that should our son be accepted as a pupil at Selborne College, we will be jointly and severally liable for the compulsory school fees in terms of Section 39 SASA, as set from year to year by the Governing Body. Please ensure that you complete EVERY SECTION of this application form. If false information is provided it will be deemed as a criminal offence and will invalidate this application.

I declare that all particulars furnished by me on this form are true and correct.

Signed at East London this _____ day of _____ 20 _____

FATHER'S / GUARDIAN SIGNATURE

PRINT NAME

MOTHER'S / GUARDIAN SIGNATURE

PRINT NAME

SELBORNE COLLEGE

Admissions Department - Dawson Road Selborne East London 5201 - PO Box 11194 Selborne 5213

Tel +27(0)437221822 - Fax +27(0)437437746 - Email: admissions@g.selborne.co.za



BANKING DETAILS

BANKING DETAILS FOR SELBORNE COLLEGE

ACCOUNT NAME	Selborne College
BANK	Standard Bank
BRANCH CODE	0 510 01
ACCOUNT NUMBER	2415 670 09
REF. NO.	Son's name & surname2025

NORTON HOUSE

Admissions Department - Dawson Road Selborne East London 5201 - PO Box 11194 Selborne 5213

Tel +27(0)437221822 - Fax +27(0)437437746 - Email: admissions@g.selborne.co.za



BANKING DETAILS

BANKING DETAILS FOR NORTON HOUSE

ACCOUNT NAME	Norton House
BANK	Standard Bank
BRANCH CODE	0 510 01
ACCOUNT NUMBER	2415 670 41
REF. NO.	Son's name & surname2025