SELBORNE
COLLEGE

WELCOME TO SELBORNE COLLEGE

Dear Sir / Madam

Thank you for your enquiry regarding the continuation of your son's high school education at Selborne College.

Selborne College is a traditional boys' school with a proud history. We offer a holistic education with a wide range of opportunities and pride ourselves on being a value-driven school that prepares young men for meaningful roles in society.

Please note that vacancies are available for **Grade 8** learners, with **limited vacancies** in **Grades 9, 10, and 11**. ***We therefore strongly recommend that you apply to more than one school.***

Kindly be advised that Selborne College is an **English-medium school** (Grades 8–12). All subjects are taught in English, with the exception of First Additional Languages (Afrikaans and IsiXhosa). **Proficiency in English is a prerequisite for admission**.

ALL applications must be **hand delivered** to the Admissions Office, for the attention of **Mrs Hodgkinson**. Applications will **ONLY** be accepted if **ALL required certified documentation** (as per the attached list) is submitted. The **closing date for applications is 30 April 2027**. **Late applications** will not be considered. Interviews may be conducted during April, May, and June.

Please note that applicants from outside South Africa must be in possession of a **valid passport and study permit** before an application can be considered. **Failure to comply with these requirements may result in penalties under South African law.**

Yours faithfully



MR A C DEWAR
HEADMASTER

info@selborne.co.za | +27 (0) 43 722 1822
Dawson Road, Selborne, PO Box 11194, Southernwood, East London, 5213
www.selborne.co.za

SELBORNE COLLEGE

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	Two (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.)*	☐
4	Certified copy of your son's - **FINAL TERM 4 REPORT 2026** **TERM 1 REPORT** (to be submitted on the day of the interview, if requested)	☐
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 accountant in the name of the Parent/Guardian. (Not more than three months old.) *(Proof of Residence are required for both parents if not living at the same address.)*	☐
11	Certified copy of **2026** and current year **School Fee Statement**.	☐
12	**GUARDIANS** - Legal documents attached.	☐
13	**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.	☐
14	**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	☐
15	**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 **name & Surname2028**	☐

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

SELBORNE COLLEGE

APPLICATION FORM

GRADE applying for (indicate with an **X**)	**8**	**9**	**10**	**11**	**12**
ADMISSION as a (indicate with an **X**)	**DAY SCHOLAR**			**BOARDER**	
CURRENT SCHOOL				**Full Time**	
YEAR (admission reg.)	**2028**			**Weekly**	

Please Paste ID size Photo Here

Closing date for Grade 8 applications: 30 April 2027 (12h00).
Grade 9 – 11 applications will be considered should a vacancy exist in the grade.
This application form must be completed by parents/guardians. Please note that incomplete applications will not be considered. Please refer to the attached checklist whilst completing this form.

LEARNER INFORMATION

SURNAME/FAMILY NAME			INITIALS		
FULL NAME (s)			PREFERRED NAME		
IDENTITY NUMBER			DATE OF BIRTH		
HOME LANGUAGE			NATIONALITY		
RELIGION / CHURCH			**NB: Copy of valid Study Permit/Permanent Resident if not South African citizen is required**		
ETHNIC GROUP	**African / Black**	**Asian / Indian**	**Coloured**	**White**	**Other**
DEXTERITY OF LEARNER	**Right handed**		**Left handed**	**Ambidextrous**	

ADDRESS AND CONTACT DETAILS OF LEARNER

HOME ADDRESS			
		POSTAL CODE	
HOME PHONE NUMBER		LEARNER MOBILE	
LEARNER EMAIL ADD.			

2027: APPLICANT WILL BE LIVING WITH	**Both parents**	**Mother**	**Father**	**Guardian**	**Other**
TRANSPORT TYPE	**Private**	**Public**	MODE OF TRANSPORT		
EMERGENCY CONTACT (other than parents)			EMERGENCY NAME		
EMERGENCY NUMBER			EMERGENCY SURNAME		
ALTERNATIVE NUMBER			RELATIONSHIP TO LEARNER		

BIOLOGICAL BROTHERS PRESENTLY AT SELBORNE SCHOOLS (name/grade)	**BIOLOGICAL SISTERS PRESENTELY AT CLARENDON SCHOOLS (name/grade)**

PREVIOUS RELATIVES/ASSOCIATION WITH SELBORNE COLLEGE (Grandfather/Father/Uncle/Brother)

Name and Surname	Relationship to Learner	House (Crewe/Fuller/Malcomess/ Reece/Perry)	Exit Year at the School

Initials of both parents

ADMIN NO.

RECEIVED BY

DATE RECEIVED

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PERSONAL DETAILS OF LEARNER

APPLICANT'S ACADEMIC PERFORMANCE
This section must be filled in AND report attached as requested.

SUBJECT	FINAL GRADE 6 REPORT	VERIFIED BY ADMISSIONS	PREVIOUS SCHOOL INFORMATION			
English	%		NAME OF PREVIOUS SCHOOL			
Mathematics	%		NAME OF PRE-PRIMARY SCHOOL			
Afrikaans	%		PROVINCE			
IsiXhosa	%		**Has applicant repeated a grade?**		YES	NO
Final Grade 6 average	%		**Which grade?**		**Year**	

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

	Current Cultural Activities	ACHIEVEMENTS
CULUTRAL ACTIVITIES: (Including MUSIC)		
	Current Sports Participation	**ACHIEVEMENTS**
SPORTING ACTIVITIES		
SERVICE ACTIVITIES		
LEADERSHIP POSITIONS		

EXTRA-MURALS

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 your son to participate.

Does your son participate actively in a school sport and culture programme?	YES	NO	**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		

EDUCATIONAL DISABILITY INFORMATION

(Please indicate any relevant information in the following areas. This will not affect admissions)

Does The Learner Have Any Educational Disabilities?	YES	NO	**If YES, Please attached Educational Report.**
PHYSICAL DISABILITIES			
SPECIAL EDUCATIONAL NEEDS			
MEDICAL CONDITIONS			
CONCESSIONS GRANTED	YES	NO	**(If your son has existing approved CONCESSIONS with the Department of Education, please attach approved letter**

Initials of both parents

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MEDICAL INFORMATION

MEDICAL AID DETAILS (Copy of Medical Aid Card to be attached).		**FAMILY DOCTOR INFORMATION**	
MEDICAL AID NAME		DOCTOR'S NAME / PRACTICE	
Medical Aid Telephone Number		Doctor Telephone Number	
Membership Number		Physical Address	
Principal Member			

HEALTH INFORMATION

CHRONIC DISEASES	
ALLERGIES	
MEDICATION	
Any Other Medical Conditions	

LANGUAGE CHOICE GRADE 8 - 9

All pupils do English as their primary language. Please indicate which First Additional Language your son will be taking in 2028.	**AFRIKAANS**	**ISIXHOSA**

ACADEMIC SUBJECT CHOICE GRADE 10 - 12

LINE NUMBER	**SUBJECTS**	**PLEASE INDICATE**
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	
	Mathematics Literacy	
COMPULSORY SUBJECT	Life Orientation	**X**
THIRD SET (Choose one subject only)	Physical Science	
	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)	
	Music	
FIFTH SET (Choose one subject only)	Accounting	
	Engineering Graphics & Design	
	Life Sciences	
	Visual Art	
	Music	
	Business Studies	

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DETAILS OF BIOLOGICAL FATHER / LEGAL GUARDIAN

SURNAME					TITLE		
FULL NAME (s)					PREFERRED NAME		
IDENTITY NUMBER					NATIONALITY		
MARITAL STATUS (please indicate with an **X**)	Single		Married	Divorced Provide copy of Divorced Agreement	Widower Provide copy of death certificate	Guardian Provide copy of death certificate	
ETHNIC GROUP	**African / Black**	**White**	**Asian / Indian**	**Coloured**	**Other**	HOME LANGUAGE	
HOME PHONE NUMBER						MOBILE NUMBER	
Email address to be used for all correspondence. Print clearly							
PHYSICAL ADDRESS						CODE	
POSTAL ADDRESS						POSTAL CODE	
NAME OF EMPLOYER							
OCCUPATION						BUSINESS NO.	
PHYSICAL ADDRESS						CODE	
If self-employed provide certified copies of documentation				**Company Registration No**			
				VAT Number			
Proof of business if not registered				**Name of Business**			
				Type of Business			
GROSS MONTHLY INCOME	Less than R20 000 / R25 000 – R30 000 / R40 000 / more than R40 000 (This Information required for budget purposes).						

DETAILS OF BIOLOGICAL MOTHER / LEGAL GUARDIAN

SURNAME					TITLE		
FULL NAME (s)					PREFERRED NAME		
IDENTITY NUMBER					NATIONALITY		
MARITAL STATUS (please indicate with an **X**)	Single		Married	Divorced Provide copy of Divorced Agreement	Widower Provide copy of death certificate	Guardian Provide copy of death certificate	
ETHNIC GROUP	**African / Black**	**White**	**Asian / Indian**	**Coloured**	**Other**	HOME LANGUAGE	
HOME PHONE NUMBER						MOBILE NUMBER	
Email address to be used for all correspondence. Print clearly.							
PHYSICAL ADDRESS						CODE	
POSTAL ADDRESS						POSTAL CODE	
NAME OF EMPLOYER							
OCCUPATION						BUSINESS NO.	
PHYSICAL ADDRESS						CODE	
If self-employed provide certified copies of documentation				**Company Registration No**			
				VAT Number			
Proof of business if not registered				**Name of Business**			
				Type of Business			
GROSS MONTHLY INCOME	Less than R20 000 / R25 000 – R30 000 / R40 000 / more than R40 000 (This Information required for budget purposes).						

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SCHOOL FEE PAYMENT INFORMATION

PLEASE NOTE: Selborne College School is a FEE PAYING SCHOOL in terms of the relevant legislation. Both parents are responsible for payment of school fees. Please indicated which parent/other must receive the account. (please indicate with an X)	FATHER	MOTHER	*PRIVATE INDIVIDUAL	*TRUST FUND
Email address for accounts. **Print clearly.**				
Please indicate with **X** which payment method.	Monthly School Payments	Termly School Payments	Annual School Payment	

***Please attach: Certified copy of 2026 and current year school fee statement.**

***DETAILS OF PRIVATE INDIVIDUAL (ID to be attach)**								
SURNAME						TITLE		
FULL NAME (s)						PREFERRED NAME		
IDENTITY NUMBER						NATIONALITY		
MARITAL STATUS (please indicate with an **X**)	Single		Married		Divorced	Widower Provide copy of death certificate	Guardian Provide copy of death certificate	
ETHNIC GROUP (please indicate with an **X**)	**African / Black**	**White**	**Asian / Indian**	**Coloured**	**Other**	HOME LANGUAGE		
HOME PHONE NUMBER						MOBILE NUMBER		
EMAIL ADDRESS								
PHYSICAL ADDRESS						CODE		
POSTAL ADDRESS						POSTAL CODE		
NAME OF EMPLOYER								
OCCUPATION						BUSINESS NO.		
PHYSICAL ADDRESS						CODE		
GROSS MONTHLY INCOME	Less than R20 000 / R25 000 – R30 000 / R40 000 / more than R40 000 (This Information required for budget purposes).							

***TRUST FUND (Copy of Trust Fund to be attach)**			
NAME OF TRUST FUND			
CONTACT PERSON			
EMAIL ADDRESS			
MOBILE NUMBER		BUSINESS NO.	

SOCIAL GRANTS **(Attach SASSA card or relevant documentation)**				
Do you received a Social Grant ?	**YES**	**NO**	If **YES**, please give Grant Number	
Please indicate which type of Grant you are receiving (please indicate with an **X**)	TYPE OF GRANTS			GRANT NUMBER
	Child Support	Disability	Foster Child	
	Care Dependency	Social Grant	Benefit from School Nutrition Programme	

Initials of both parents

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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.
- Interviews will be held. You will be informed via email of the School's decision by the 31st August 2027.

CONTRACT BETWEEN SELBORNE COLLEGE AND PARENT/LEGAL GUARDIAN

- I/We declare that all particulars furnished by me/us on this form are true and correct.
- Upon acceptance at Selborne College, a payment of **R5,000** is required within **14 days** to secure your place. This amount covers various **textbooks, the gym levy, and technical equipment**, with the remaining balance contributing to **campus infrastructure development**.

I/We hereby agree to:

- accept the ethos of the school as contained in the **MISSION STATEMENT**:
- abide by the Selborne College **CODE OF CONDUCT** and School rules (will receive this with the acceptance pack).
- acknowledge the authority of the Principal, the Teachers and student leaders;
- pay the compulsory school fees as agreed by the parent body at the Annual Budget Meeting;
- pay any bank charges and interest on any outstanding fees;
- Notify the Principal, in writing, in the event of my child leaving the school at least one term in advance. Failure to do so will require a payment of a term's fees in lieu of the notice. (This is if the pupil is withdrawn for reasons other than disciplinary or financial default).
- In addition, I undertake to return all books and other property belonging to the school;
- Ensure that my son attends school regularly and, should my son/ward be absent from school for any reason, to inform the school of that in writing;
- Pay all costs incurred for damage to school property or losses caused by my son/ward.
- I/We am fully aware of the admission requirements of Selborne College School as contained herein.
- 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).
- 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).
- I/We will take responsibility for ensuring that my son/ward is adequately insured against personal injury or related risks. I will also ensure that her personal belongings are marked and, if necessary, adequately insured against I and I understand that the school cannot be held responsible for any losses or damage incurred.
- Whilst involved in school activities, I authorize the Principal (or appointed staff member) to act *in loco parentis*, 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.

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- 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).

- I/We 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.

- I/We as parents and the applicant accept that the information provided to the school was given voluntarily and that the school may:

  Store the data safely in its files and electronic systems.
  Generate academic, attendance, behavioural and other school-related records.
  Use both the provided and generated data for purposes of providing services relevant to the enrolment and progress of the applicant at the school (including, but not limited to contacting parents: placing the applicant in a class: entering her in exams, competitions, leagues and the like: updating the school roll and past learners' register; and researching and reporting on school demographics or performance):
  Pass data on (including to the provincial and national education departments) when required to do so as part of data provision, school reports, testimonials and confidential reports, and for statistical or research purposes, or when legally required to do so.

- I/We hereby consent to the use of photographs that may include my/our child, to market the school in promotional materials and on the school's social platforms.

- I/We as the parents accept that we have elected the above home and email addresses as our chosen *domicilium citandi et executandi* (chosen address) in respect of all notices, correspondence, court processes and other documents. We further acknowledge that it is our responsibility to inform the school should we elect to change our home and email addresses.

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 _____on this _____ day of _____202____ .

_____ _____

BIOLOGICAL FATHER / GUARDIAN (*signature*) ***Print Name***

_____ _____

BIOLOGICAL MOTHER / GUARDIAN (*signature*) ***Print Name***

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SELBORNE
COLLEGE

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*** & ***surname2028***

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*** & ***surname2028***