CENTURION COLLEGE

APPLICATION FOR ADMISSION 2025

Thank you for your interest in Centurion College.

Before completing this form, please take note of the following:

This form must be completed by the Biological Parent or Legal Guardian who wishes to enrol their child/children into Centurion College.

1. Please submit the completed application form and supporting documents at the Centurion College.
2. Proof of payments should be emailed **payments@centurioncollege.co.za** and

   admin@centurioncollege.co.za/Whatsapp number 063 307 4817

   Contact Telephone No: 011 725-2005
3. The following documents must be submitted with this form for the application to be processed. Photocopies **WILL NOT** be made at school.

   1. **Birth Certificate or Identification Document**
   2. **Progress Report and Transfer Letter from Previous School**
   3. **Copy of Parents/Guardians Identification Document**
   4. **2x ID Photos of learner**
   5. **Proof of Payment:**
      i. **Registration and January fee**

APPLICATION FOR ADMISSION TO SCHOOL
CENTURION COLLEGE

52 Leyds Street
Cnr. Claim & Bok Streets
Joubert Park East
Johannesburg
2001

Telephone: **011 725-2005**
Email: admin@centurioncollege.co.za
Email: payments@centurioncollege.co.za

Payments/Deposit slips
Whats app 063 307 4817

Year: **2025**

Note: This form must be completed in full. All changes to be initialled or signed by parent / guardian. Completing the form does not necessarily mean that the learner has been accepted into the school.

The following documents must be submitted with this form:

1. **Birth Certificate or Identification Document**
2. **Progress Report and Transfer Letter from Previous School**
3. **Copy of Parents/Guardians Identification Document**
4. **2 x ID Photos of Learner (to be handed in at the office)**

Disclaimer: All documentation must be submitted with this form to the school for the application to be processed.

Grade Applied For:		**Highest Grade Passed:**		**Year when Grade was passed:**		**Accession / Learner No:**	

Learner Surname:						Initials:		Preferred Name:			
Learner First Name:						Other Names:					
Date of Birth:	Year:		Month:		Date:		Gender:	Male		Female	
Race:						Identification No.					
Country of Residence:						or Passport No:					
If SA, Indicate Province of Residence:						Citizenship:					

Learner Physical Address:		Home Telephone:	
		Emergency Telephone 1:	
		Emergency Telephone 2:	
City/Suburb:		Learner Cell phone:	
Code:		Learner Email Address:	

Home Language:		Preferred Language of Instruction:	

Boarder:	Yes		No			Mode of Transport:

Deceased Parent:	Mother		Father		Both		None		Religion:

For Grade 1 Only: Indicate Pre-Primary Education:	**None**		**Non-Formal**		**Formal**	
Language Subject Choice:	**Afrikaans**		**IsiZulu**			

Previous School Information- Name of Previous School:				
Previous School Address:				
Code:		Province:	Country:	

Learner Medical Information- Medical Aid Number:	Medical Aid Name:
Medical Aid Main Member:	Doctor Name:
Doctor's Address:	Doctor Telephone Number:
Medical Condition:	
Special Problems Requiring Counselling:	

Siblings: Number of Other Children at this School: Please supply full names below.			Position in the Family (e.g. First)
Name:		Grade:	
Name:		Grade:	
Name:		Grade:	
Name:		Grade:	

Parent / Guardian Information	Relationship to Learner:		Account Payer:	Yes		No	
Title:	Initials:	Surname:					
First Names:							
Identification Number:		Or Passport Number:					
Home Language:	Race:		Gender:	Male		Female	
Physical Address:							
	City/Suburb:	Province:				Code:	
Occupation:		Employer:					

Spouse / Partner Information	Relationship to Learner:		Account Payer:	Yes		No	
Title:	Initials:	Surname:					
First Names:							
Identification Number:		Or Passport Number:					
Home Language:	Race:		Gender:	Male		Female	
Physical Address:							
	City/Suburb:	Province:				Code:	
Occupation:		Employer:					

Marital Status of Parents:		Learner Resides with this Parent/s:	Yes		No

Contact Details			
Home Telephone:		Work Telephone:	
Cell Number:		Emergency Telephone:	
E-Mail Address:			
Spouse Work Telephone:		Spouse Cell Number:	
Spouse E-Mail Address:			

Correspondence Details	**(If different from physical address and contact details above.)**		
Title:	Initials:	Surname:	
Physical Address:			
	City/Suburb:	Province:	Code:
E-Mail Address:			

A. CONTRACT WITH SCHOOL WITH REGARDS TO PAYMENT

Agreement between Centurion College and _____ (name of parent / guardian) with regards to the payment of school fees.

The Centurion College is a Non-Profit Organisation and may raise school fees in terms of the South African School Act (Act No. 84 of 1996) and the National Educating Policy Act (Act No. 27 of 1996) - National norms and standards of School Funding.

1) As a parent/guardian you are liable to pay school fees determined in terms of section 39 of the South African Schools Act, unless or to the extent that you have been exempted from payment in terms of the said Act.
2) Even though a court has determined that another person is liable to pay the prescribed school fees, as may be included in divorce settlements orders, and/or any other appropriate court order, it remains the responsibility of all persons who meet the definition of "parent" in the South African Schools Act, to pay school fees and all "parents" are jointly and severally liable for the payment of all school fees that are charged or will be charged by the school in respect of a particular learner.

3) Should payments of school fees be in arrears, I shall be accountable for the payment of fees that may arise in the effort to collect the fees on an attorney and client scale.

4) I choose the following address as my *domicilium citandi et executandi* for delivery or serving of any notices or pleadings.

Residential address (Not a postal address):

_____

_____

5) I/We the parents/guardian of_____ undertake to honour the agreement as set out above.

NB! THIS IS A LEGAL CONTRACT, FAILURE TO PAY FEES ON TIME WILL RESULT IN LEGAL ACTION

Signature of Parent/Guardian: _____ Date: _____

Grade	Annual	Once Off Payment (By 31st January)	Per Term	Monthly Instalment
Grade 1	R6, 600.00	R6, 050	R1, 650.00	R550.00
Grade 2 – 3	R8, 400.00	R7, 700.00	R2,100.00	R700.00
Grade 4 – 7	R9, 600.00	R8, 800.00	R2, 400.00	R800.00
Grade 8 – 9	R10, 800.00	R9, 900.00	R2, 700.00	R900.00
Grade 10 – 11	R12, 000.00	R11, 000.00	R3, 000.00	R1000.00
Grade 12	R15, 000.00	R13, 500.00	R4, 500.00	R1, 500.00

B. PERMISSION / CONSENT TO TAKE PART IN ALL ORGANISED ACADEMIC, SPORTS AND CULTURE ACTIVITIES

1) I, parent/guardian of _____ hereby give permission that he/she may participate in all academic, sport and culture activities presented by the school in an organised manner. To participate in tests conducted by the school support team with the object of improvement in school work and to identify other problems.
2) I grant permission that my child may be transported by a public bus company approved by the school management. If there is only a small group of learners that needs to be transported, parents/teachers with valid driver's licences may be asked to transport them.
3) I accept that all reasonable precautions will be taken for the safety and wellbeing of my child and that I will be held responsible for the payment of the medical and/or hospital fees if enforced upon, in case of an injury which cannot be ascribed to the responsible personnel's coarse negligence.
4) I hereby delegate my powers as parent/guardian to the Principal of the school or representative if medical or surgical treatment may be needed for my child. As far as I know, he/she is physically able to participate in any organised activities and he/she resides in good health.
5) I confirm that all medical information supplied in the Learner Information section of this form is accurate and complete. This information may be used in case of an emergency.
6) I undertake to inform the school if any of the above information may change.
7) I undertake to support my child to obey the Code of Conduct and the disciplinary system of Centurion College as included in the Policy of the school.
8) I hereby confirm that the school is allowed to use imagery of my child in any publication, in any format. I hereby accept and promise to comply with the School Rules and Code of Conduct.

Signature of Parent/Guardian: _____

Signature of a Learner: _____

Date: _____

C. INDEMNITY

I, _____ Parent / Guardian of _____

Appoint the Principal of Centurion College or his/her representative to consent to emergency medical treatment by any qualified medical practitioner, I acknowledge that the Principal and /or all the Educators of Centurion College, at all material times and in respects act in **Loco Parentis** regarding the education, care and discipline of my child.

I give my consent that my child participate in any curricular/co-curricular activities of Centurion College and may be transported on tours and outings with Centurion College.

I indemnify all employees in the service of Centurion College against any claims of any nature arising:

i. Out of the misconduct and irregular acts of my son/daughter/ward.
ii. Out of the events connected with travelling beyond the school's control.
iii. Out of school activities generally, including the digital and social media platform.

I waive any claims against Centurion College and its employees for anything bona fida done under this authority.

UNDERTAKING BY PARENT / GUARDIAN

I, the undersigned do hereby declare that I will be responsible for the following:

- Medical and/or any hospital accounts which may be incurred for the child, in the event of illness or an accident, when I cannot be contacted.
- Payment of bank charges.
- Payment of school fees by/before the 1st of each month. In the case of late payment of school fees, **I agree to pay a penalty fine of 10%. In case of non-payment of school fees, I acknowledge that Centurion College shall be entitled to take legal action to recover the amount outstanding with interest at prime rate, and further, that I shall be responsible for any costs arising from such legal action.**
- Giving Centurion College **one month's paid notice** should I decide to transfer my child to another school.

Parent / Guardian Responsible for the School Fees:

Title:	Initials:	Surname:
First Names:		
Identification Number:		Or Passport Number:

This Signed by Parent / Guardian: _____ at . (Place) _____

on (Date) _____

Disclaimer: This registration form will not be accepted without an I.D. copy of the person responsible for the School Fees.

Office Use Only	**Documentation Received:**

1. **Birth Certificate or Identification Document**
2. **Progress Report and Transfer Letter from Previous School**
3. **Copy of Parents/Guardians Identification Document**
4. **2 x ID Photos of Learner**

Rejected:	**Reason for Rejection:**	
Accepted:	**Date:**	**School Stamp:**

SUBJECT CHOICES:
FOR GRADE 10, 11 AND 12 APPLICANTS ONLY.
(Not applicable for Grade 8 & 9 applicants)

1. Compulsory Subjects:
   English HL, Life Orientation

2. Choose ONE of the following subjects:

   Afrikaans (FAL) ☐
   Or
   IsiZulu (FAL) ☐

3. Choose ONE of the Following subjects:

   Mathematics ☐
   Or
   Math Literacy ☐

4. Choose THREE of the following subjects:

   1. Accounting ☐ Or Geography ☐
   2. Business Studies ☐ Or History ☐ Or Physical Sciences ☐
   3. Economics ☐ Or Life Sciences ☐
   4. Geography ☐ Or Accounting ☐
   5. Tourism ☐ Or CAT ☐

LEARNER NAME: _____ GRADE: _____

SIGNATURE OF PARENT/GUARDIAN: _____

DATE: _____