



SA College Private School, Pretoria

Cnr. Hospitaal Road & Edmond Street
Arcadia,
Pretoria

Tel: 012 326 4580
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2025

ENROLMENT FORM

Date: / /

1 - LEARNER INFO:

First Names:

Surname:

Preferred name:

ID/Pass No:

Is last report card attached? Y N NB: Original to be handed in by the first School day

E

Current Grade: Age:

Nationality:

Date of Birth: / /
Day Month Year

Last grade passed:

2 - ACADEMIC HISTORY:

- School Last Attended:
(Name, city and contact details)

Province of previous School:

Home Language:

How did you come to know about SAC?

Gr Repeated:
(if any)

3 - PARTICULARS OF RESPONSIBLE PERSON(S):

(A) Relationship to learner Title: Surname:

Work Tel No:

First Names:

Home Tel No:

ID No/
Pass:

Cell No:

Nationality:

Residential Address:
Postal Code:

Work Address:
Postal Code:

Occupation:

Employer:

E-Mail:

Employer Tel:

(Please inform the school of any address or number change)

(B) Relationship to learner Title: Surname:

Work Tel No:

First Names:

Home Tel No:

ID No/
Pass:

Cell No:

Nationality:

Residential Address:
Postal Code:

Work Address:
Postal Code:

Occupation:

Employer:

E-Mail:

Employer Tel:

(Please inform the school of any address or number change)

4 - Next of Kin: Title: Surname:

Relation to learner: First Names:

Work Tel No:

Supply country code if applicable

Home Tel No:

Cell No:

5 - TOTAL COSTS: - Please cross payment set selected 1 Monthly 2 Termly 3 Annual

First payment made: R Total Cost: R Received by (Name/Signature)

Each party signing this contract is jointly and severally responsible for payment of all due amounts and agree to all terms and conditions set out on the reverse

SIGNATURE Person A: (Date)

SIGNATURE Person B: (Date)

Turn the page...

Please note that Registration is only finalised when the school deems that the requirements have been met.

