



APPLICATION FOR ADMISSION TO STUDY

Notice: Completed application forms must be forwarded to our Administration Office:

Postal Address:

SANTS
PO Box 72328
Lynnwood Ridge, 0040

Enquiries: 087 353 2504

Physical Address:

SANTS
Lynnridge Mews Building
4th Floor
22 Hibiscus Street
Lynnwood Ridge, 0040

FOR OFFICE USE ONLY

SURNAME AND INITIALS: _____

STUDENT ID NO:

DIPLOMA/DEGREE: _____

PROVINCE: _____

Please read these notes before completing the attached application form.

1. The proof of payment of the R250 non-refundable application fee **MUST** accompany this application form. Application fees can be paid by bank deposit or electronic transfer. The banking details are as follows:
Name: SANTS Bank: **Standard Bank**
Acc no: 012-662-259 Branch: **Menlyn**
Branch code: 002 345 Reference: **Applicant's Identity Number**
2. The application form **MUST** be **completed in full and as accurately as possible** to avoid delay in processing.
3. Use the surname and names as it appears on the identity document when completing this form.
4. Certified copies of ID document (driver's license not accepted) and qualifications must be submitted with this application.
5. Only students applying for 1st year of study must complete the application form.
6. Use the checklist on page 7 to ensure your application is completed correctly and all required documents are attached.
7. **Applications close on 31 August 2012.**

ENTRANCE REQUIREMENTS

Legal entrance requirements:

The NSC for degree admission or Senior Certificate with matriculation exemption (or equivalent) is required for admission to degree studies in South Africa.

In addition to the legal entrance requirements applicants should meet the minimum points for specific programmes. All applicants should meet the subject requirements and levels of performance for admission to certain programmes. Also note that the number of applications received by far outnumbers the spaces available at the institution. Therefore, meeting the minimum requirements for application does not guarantee admission to the institution.

FOR OFFICE USE ONLY:

Id of Applicant:

App Fee Pd: R _____ Date: _____

APPLICATION FOR ADMISSION TO STUDY

1. YEAR OF ENTRY AND CHOICE OF PROGRAMME

Year of entry: Year of study for this degree/diploma (e.g. 1st)

Degrees/Diplomas applying for:

Indicate the programme you wish to study. (Please tick)

Diploma Gr. R

B Ed Foundation Phase

B Ed Intermediate Phase

2. PERSONAL DETAILS

Title: Mr Mrs Miss Ms Other _____

Surname: _____

First Names: _____

Maiden Name (If applicable): _____

ID No:

Persal number: (teachers only)

Date of Birth: DAY MONTH YEAR

Marital Status: Married Single Divorced Widowed Separated

Race: African Coloured Indian White Other: _____

Gender: Male Female

Home Language: _____ Nationality: _____

Religion (optional): _____

3. ADDRESS AND CONTACT DETAILS

Postal Address: _____

Town/City: _____
 Country: _____ Postal Code: _____

Physical Address: _____

Town/City: _____ Postal Code: _____

Telephone Numbers: _____

Cell Phone: _____

Work: Dial Code: _____ No: _____

Home: Dial Code: _____ No: _____

Email Address: _____

Work/Home Fax: _____

Guardian/Parent/Spouse (if under 18) or next of kin:
 Name: _____
 Address: _____

Postal Code: _____

Telephone Numbers:

Work: Dial Code: _____ No: _____

Home: Dial Code: _____ No: _____

Cell Phone: _____

Email: _____

Relationship:

Father	<input type="checkbox"/>	Mother	<input type="checkbox"/>	Spouse	<input type="checkbox"/>
Brother	<input type="checkbox"/>	G/Parent	<input type="checkbox"/>	Sister	<input type="checkbox"/>
Child	<input type="checkbox"/>	Guardian	<input type="checkbox"/>	Other	<input type="checkbox"/>

4. SECONDARY SCHOOL DETAILS

Year of last school leaving certificate (equivalent to Grade 12):

Examination No: _____

Type of Matriculation Exemption already held: (Please tick one)

01	Full Exemption	<input type="checkbox"/>	07	Other Senior Certificate	<input type="checkbox"/>
03	Ordinary Conditional	<input type="checkbox"/>	08	NTC3/N3/NSC	<input type="checkbox"/>
04	Mature Age Exemption	<input type="checkbox"/>	10	Other	<input type="checkbox"/>

NOTE: The code structure has been set up in terms of government reporting requirements.

SECONDARY SCHOOL NAME	YEAR		Examination Authority	Grades/Forms Passed
	From	To		
1.				
2.				

Highest school grade Mathematics passed (NOT Mathematical Literacy) Grade

Secondary School subjects	Final grade 11/'0' levels		Trial/Mocks Grade 12		Matric or 'A' levels	
	HG/SG/O	Symbol	SG/HG/O	Symbol	SG/HG/O	Symbol
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						

5. PREVIOUS STUDIES

INSTITUTION NAME	DEGREE/DIPLOMA/CERTIFICATE		DEGREE AWARD DATE	YEARS ATTENDED	
	Name	Yes		No	From
1.					
2.					
3.					

- Student number(s) at previous institution: _____
- Have you ever been refused entry to, expelled of excluded from another institution? YES NO
If "Yes", provide the details: _____
- Do you owe fees to another institution? YES NO
If "Yes", provide the details: _____
- Are you currently enrolled at any other institution for studies: YES NO
If "Yes", give the Name of the Institution: _____
- If "Yes", give the Name of the Qualification: _____

6. POST-SCHOOL INFORMATION

Present position (Please tick)

*University Student	01	
Technikon Student	03	
College of Nursing Student	04	
Technical College Student	05	

Labour Force (Employed)	07	
Grade 12 learner	08	
Unemployed	09	
OTHER (_____)	10	

*If you are a university student, please make sure the name of the last institution in section 5 above is stated. Submit an academic record and a certificate of good conduct.

If you are employed please complete the following:

Name of company/Institution:			
Employment full time/part time:	Full Time: <input type="checkbox"/>	Part Time: <input type="checkbox"/>	
Address of Company/Institution:			
Post Code		Telephone No. (Work):	Area dialing Code:

7. MEDICAL INFORMATION

The institution is sensitive to the needs of students with disability, and will attempt to provide support where possible.

Do you have any disability, physical or otherwise, that might require support? Yes No

If "Yes", please describe.

8. DECLARATION AND UNDERSTANDING

To be completed with the assistance of Parent/Guardian/Spouse where applicant is not financially independent or/and under the age of 18 (a minor).

APPLICATION CONDITION

I am aware that the number of applications received, by far outnumber the spaces available at the institution. Therefore I understand that the minimum requirements for application do not guarantee admission to the institution.

If my application is successful and I accept the place to study at SANTS,

1. I undertake:
 - 1.1 To comply with the procedures, rules and regulations of SANTS.
 - 1.2 To inform the Administration Department immediately, in writing, if I change my address, telephone number or surname.
 - 1.3 To acquaint myself with all the rules and general regulations that relate to the diploma/degree for which I am applying.
2. I/We hereby accept liability for the payment of all the tuition fees or other fees which may be charged by SANTS as a result of my/his/her studies at SANTS as described in the prospectus.
3. I am aware that my enrolment is valid only if it complies with the regulations of the diploma/degree concerned, notwithstanding the acceptance of this application by SANTS.
4. I/We accept the responsibility of submitting all documents required by SANTS before the stipulated due dates.
5. I declare:
 - 5.1 That I make this application and give the declarations and understandings with the knowledge and consent of my parent/guardian and employer (if applicable).
 - 5.2 I warrant that the information contained herein is true and correct and SANTS shall be entitled to declare the contract void and cancel my registration if I have made any misrepresentation or omission on this application.

Signature of Student

Signature of Parent/Guardian

Date

Date

SURETYSHIP To be completed where applicant is not financially independent and under the age of 18 (a minor).

I, the undersigned lawful parent/guardian of the applicant, do hereby bind myself to the institution as surety in solidum and co-principal debtor with the above-named applicant for the due payment of all fees and other charges due and payable to the institution in terms of the relevant applicable annual schedule of fees. The surety will operate as a continuing covering suretyship. I agree that I will not be released from liability under this suretyship in any circumstances whatsoever, except with the institution's written consent. In particular, I shall not be released by reason of the fact that the aggregate amount owed to you by the applicant may fluctuate and may at times be nil.

Print surname and full names of Surety/Parent/Guardian: _____
Identity no of surety/parent/guardian _____: _____
Address: _____
_____ Postal Code: _____

Which will be my domicillium citande et executandi (permanent residential address) for all purposes under this document which means that I will accept service of all notices, documents and legal proceedings against me. In the event of my changing this address, I agree to inform the Finance Department of SANTS of any change in my address, without delay.

Signature of Parent / Guardian

□ □

D D -

□ □

M M -

□ □ □ □

Y Y Y Y

9. CHECKLIST

NB: Please ensure that the following relevant information and documents are enclosed with this application.

- Have you indicated your choice of degree / diploma? YES NO
- Have you enclosed the proof of payment (non-refundable application fee)? YES NO
- Have you enclosed all the required documentation?
 - Certified Copy of ID Document YES NO
 - Senior Certificate / Matric Certificate / O / A Levels or relevant school leaving qualification / certificate YES NO
 - Academic Record (if studied previously) YES NO
 - Degree Certificate (if studied previously) YES NO
- Have you filled in the application form in full? YES NO

TRAINING PROGRAMMES

Further Education and Training Certificate: ECD
Higher Certificate: ECD
Continuous Professional Teacher Development: HIP
B Ed

Tel: +27 87 353 2504
Fax: +27 12 348 7037
Fax-to-email: +27 86 576 7320/ 1
Email: info@sants.co.za
Web: www.sants.co.za

4th Floor, Lynnridge Mews
22 Hibiscus Street
Lynnwood Ridge
0040

P.O. Box 72328
Lynnwood Ridge
0040