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ADMISSION FORM

NCS & CAPS 2025 / MATRIC UPGRADE

A LEARNER'S PERSONAL DETAILS

TITLE		FULL NAME	
SURNAME		NATIONALITY	
ID NUMBER		TELEPHONE	
ADDRESS		CELLPHONE	
		EMAIL ADDRESS	

B SUBJECT CHOICE (Please tick the appropriate box)

ACCOUNTING	<input type="checkbox"/>	BUSINESS STUDIES	<input type="checkbox"/>	ECONOMICS	<input type="checkbox"/>	GEOGRAPHICS	<input type="checkbox"/>	ENGLISH FAL	<input type="checkbox"/>
MATHEMATICS	<input type="checkbox"/>	LIFE SCIENCES	<input type="checkbox"/>	PHYSICS	<input type="checkbox"/>	MATHS LIT	<input type="checkbox"/>	ENGLISH HOME LANG	<input type="checkbox"/>

C CURRENT SCHOOL

NAME	
SCHOOL CENTER NO	
CONTACT NO	
CITY/TOWN	

D PARENT/GUARDIAN DETAILS

TITLE	
FULL NAME	
ID NUMBER	
RELATIONSHIP	
OCCUPATION	
CELL NUMBER	
ADDRESS	

E DECLARATION

I (full names of the parent/guardian) I hereby affirm that the information provided in this form is correct and that I will abide by it. I would also want to say that I have obtained information to my full satisfaction, including clarification on all legal and unclear words, as well as the knowledge that a registration fee is non-refundable once the registration time has expired. I understand that completing this form is equivalent to signing a contract.

I further wish to commit that as a parent/guardian of (learner), I will be responsible for paying their school fees according to the schedule outlined by the school, and I will accept additional responsibility if they violate the code of conduct, including payment of school fees (without first discussing alternatives with the office), which may result in the learner's suspension until the matter is resolved. Please be aware that some disciplinary actions may result in the involvement of the school attorneys.

SURNAME & INITIALS (PARENT/GUARDIAN)	DATE	SIGNATURE
SURNAME & INITIALS (LEARNER)	DATE	SIGNATURE

F CHECKLIST (Office Use Only)

X2 CERTIFIED ID COPIES:	LEARNER	PARENT/GUARDIAN	X1 ID PHOTOS
X2 CERTIFIED COPIES OF MATRIC CERTIFICATE/STATEMENT	OFFICIAL'S SIGNATURE		