



FOCUS COLLEGE

KEY TO SUCCESS: FOCUS MOTIVATION DISCIPLINE

16 Belfast Road WYNBERG 7800 & 96 Chapel Road DISTRICT SIX

Phone: 021 762 2929 & 021 462 8024

E-mail: principal@focuscollege.co.za

ADMISSION FORM - YEAR 2026

SCHOOL :

| | | | |
|---------|--|--------------|--|
| WYNBERG | | DISTRICT SIX | |
|---------|--|--------------|--|

GRADE:

YEAR APPLIED:

DATE OF LEARNER REGISTRATION: _____

| | | |
|--|-----|----|
| FIRST TIME REGISTRATION AT WESTERN CAPE PROVINCE SCHOOL. | YES | NO |
| IN WHICH PROVINCE OR COUNTRY DID THE LEARNER ATTEND SCHOOL LAST YEAR . | | |
| IF NO, PLEASE EXPLAIN | | |

LEARNERS DETAILS

| | | | |
|-------------------------|--|---------------|--|
| SURNAME | | FIRST NAME | |
| SECOND NAME | | THIRD NAME | |
| HOME LANGUAGE | | CEMIS NUMBER | |
| LEARNER IDENTITY NUMBER | | DATE OF BIRTH | |
| | | | |

| | | | |
|---|-----------------------|--------------------------|--------|
| RACE | | GENDER | |
| HOME ADDRESS | | | |
| STREET/ FLAT/ PLOT NUMBER | | NAME OF STREET | |
| SUBURB | | TOWN / ADDRESS | |
| | | POSTAL CODE | |
| TELL CODE | | TELEPHONE NUMBER | |
| FOREIGNER(No SA ID) | | LEARNER PARENTS DECEASED | YES NO |
| LEARNER GRADE THIS YEAR | | | |
| DOES THE LEARNER FALL UNDER SPECIAL NEEDS EDUCATION (SNE) | | YES | NO |
| IF YES, PLEASE EXPLAIN | | | |
| SUBJECTS GRADE 10 - 12 | | | |
| COMPULSORY SUBJECTS | | | |
| | ENGLISH HL | | |
| | LIFE ORIENTATION | | |
| | MATHEMATICAL LITERACY | | |
| OPTIONAL SUBJECTS | | SELECTED SUBJECTS | |
| AFRIKAANS FAL OR ISIXHOSA FAL | Grade 8-12 | | |
| CONSUMER STUDIES OR HISTORY | Grade 10-12 | | |
| TOURISM OR LIFE SCIENCE | Grade 10-12 | | |
| BUSINESS STUDIES OR COMPUTER APPLICATION TRAINING (CAT) | Grade 10-11 | | |
| BUSINESS STUDIES | Grade 12 | | |

| PARENT INFORMATION | | | |
|---------------------------|--|----------------------|--|
| PARENT 1 | | PARENT 2 | |
| SURNAME | | SURNAME | |
| NAME | | NAME | |
| ID NUMBER | | ID NUMBER | |
| ADDRESS | | ADDRESS | |
| DATE OF BIRTH | | DATE OF BIRTH | |
| TELL | | TELL | |
| CELL | | CELL | |
| EMAIL ADDRESS | | EMAIL ADDRESS | |
| EMPLOYER | | EMPLOYER | |
| OCCUPATION | | OCCUPATION | |

SCHOOL FEES

1. Registration fee is non-refundable and one month's fees is payable on registration.- 14 January 2026
2. One term written notice is mandatory in the event of the learner being transferred out of Focus College..
3. **(A full terms fee will be charged if notice is NOT given)** or the learner is expelled from the institution
4. Full annual fees are payable by option of monthly payments as stated below. Regardless when learners commences)
5. All annual school fees includes levies of R6 000 pa
6. Levies include :
 - a. Extracurricular activities
 - b. Learner Academic Support inhouse programs (Learner Support)
 - c. School Building Maintenance
 - d. School Grounds

ANNUAL SCHOOL FEES - 2026

| | GRADE R-7 | GRADE 8-11 | GRADE 12 |
|--------------------|----------------------|-------------------|-------------------|
| ANNUAL FEES | R18 000.00 | R28 200.00 | R29 150.00 |
| SCHOOL FEES | R1500.00 X 12 MONTHS | R2350 X 12 MONTHS | R2650 X 11 MONTHS |

ADMISSION FEES STRUCTURE – 2026

| | GRADE R-7 | GRADE 8-11 | GRADE 12 |
|----------------------------|--|--|--|
| ADMINISTRATION FEES | New Learner Admission R3000.00 | New Learner Admission R3000.00 | New Learner Admission R3000.00 |
| | Returning Learner | Returning Learner | Returning Learner |

| | | | |
|--|--------------------|--------------------|---|
| | Admission R2000.00 | Admission R2000.00 | Admission R2000.00 Resource Packs R1500.00 (No textbooks required) |
| BANK DETAILS Bank Name :Standard Bank Account Holder :Focus Management Consultant / Focus College Account Number :270363998 Branch Number:051001 Reference: Learner Name, Surname & Grade | | | |

DECLARATION OF ACCEPTANCE

I/We the aforesaid parent(s)/guardian(s) of name of learner) hereby declare that the information furnished above is correct to the best of my/our knowledge.

Furthermore, I/we commit to all undertakings mentioned above and accept responsibility for monies that are due at any time in accordance with the agreement.

We hereby acknowledge and accept the school policies .

Signed at..... on this..... (Day) of (Month) 20.....

| | | |
|--------------------------------|----------------------------------|------------------------|
| Signature of Parent | Relationship to Learner | Name in print |
| Signature of Guardian | Relationship to Learner | Name in print |
| Signature of Sponsor | Relationship to Learner | Name in print |

OFFICIAL USE:

Name & Surname of Administrator: _____

Administrator Position: _____ **Date:** _____ **Time:** _____

Attached the following to the Admission form:

| | | |
|--|-----|----|
| 1. Certified copy of learners identity document | Yes | No |
| 2. Certified copies of parents/guardian identity document | Yes | No |
| 3. Certified proof of residence | Yes | No |
| 4. Certified copies of learners latest academic report | Yes | No |
| 5. Certified copy of learners transfer letter | Yes | No |
| 6. Signed fees policy | Yes | No |
| 7. Social Grant document (if applicable) | | |

Administrator Signature: _____