



APPLICATION FOR ENROLMENT

This application form must be signed by both parents. The form must be returned with the **R1500.00** registration fee per pupil, which is **non-refundable**. The school's banking details are on page 4 of this form. Return the application form with supporting documents to admin@siantchristopherscollege.co.za. No application will be processed without the proof of payment of the registration fee, the accompanying documents and the necessary signatures on the attached Conditions of Enrolment.

THE FOLLOWING DOCUMENTS MUST ACCOMPANY THE APPLICATION FORM:

- A copy of the pupil's birth certificate.
- A copy of the pupil's latest school report.
- Two passport size photographs of pupil.
- The application and enrolment forms must be signed by both parents or legal guardians.
- Parents or legal guardians must sign the application and enrolment forms.
- Copies of both parents Identity Documents and/or Passport.
- Proof of residence (Municipal rates account).
- A copy of parents Medical Aid Membership Card.
- A copy of the pupil's passport and study visa if the pupil is a foreigner.
- Proof of payment of the registration fee of R1500.00.
- *In the case of divorced or separated parents, please complete an additional and separate "Section B" for each household and submit a copy of the Divorce Settlement Agreement, detailing Guardianship, Custody, Maintenance and Access to child.*

NAME OF PUPIL			
GENDER		DATE OF BIRTH	
DAY SCHOLAR / BOARDER		CURRENT AGE	
GRADE APPLICATION		COMMENCEMENT DATE	

FOR OFFICE USE:			
	Registration Fee Payment	Date	Receipt Number
FOR OFFICE USE:			
	Once off Non-Refundable Desk Fee	Date	Receipt Number
FOR OFFICE USE: Boarders Only			
	Once off Non-Refundable Bed Fee	Date	Receipt Number
FOR OFFICE USE: Foreign Pupils Only			
	Once off Refundable Deposit	Date	Receipt Number

Finance Department Account Number Allocation	
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Section A: Applicant's Information

Surname:																														
First Name(s):																														
Preferred Name:																														
Date Of Birth:	Day:				Month:				Year:																					
Gender	Male										Female																			
Date of Proposed Entry:	Day:				Month:				Year:						Into Grade:															
ID / Passport Number:																														
Identity Type:	South African ID										South African Passport										Foreign Passport									
Nationality Home																														
Language	English					Afrikaans					IsiNdebele					IsiXhosa					IsiZulu					Sesotho				
	Sepedi					Setwana					SiSwati					Tshivenda					XiTsonga					Other:				
If other, please specify:																														
Religious affiliation:																														
Mobile Phone Number:																														
E-Mail Address:																														

Current School Information:

Present School:																				
School Telephone Number:																				
Headmaster or -mistress:																				
Current Teacher:																				
Grade:																				
Years in Phase:			Pre-Prep				Junior Prep				Senior Prep				High School					
Years in Grade:																				

Medical Information (in case of emergency) Please read the "Implications of the Medications and Related Substances Amendment Act, 2002"

Medical Aid: Membership																				
Number:Plan:																				
Main Member Full Names:Main																				
Member ID Number:																				
Dependant Full Name:																				
Dependant Date of Birth:																				
Dependant Number: Family																				
Doctor:																				
Telephone Number:																				
Medical Notes:																				
Chronic Medication:	1. _____ for _____ 2. _____ for _____ 3. _____ for _____																			
Allergies:	1. _____ 2. _____ 3. _____																			
Handicaps or Disabilities:																				

Emergency Contact Details (in the event of parents / guardians can't be contacted)

Name:																				
Telephone Number:																				
Relationship to Learner:																				

Section B: Parents' Information

Father's Information

Surname:																									
First Name(s):																									
Preferred Name:																									
Relationship to applicant:	Biological Father										Step-Father														
Date Of Birth:	Day: <input type="text"/> <input type="text"/> Month: <input type="text"/> <input type="text"/> Year: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>																								
ID / Passport Number:																									
Identity Type:	South African ID					South African Passport					Foreign Passport														
Nationality																									
Mobile Phone Number:																									
Do you wish to receive SMS's from the school on this number?	Yes										No														
E-Mail Address:																									
Do you wish to receive e-mail s from the school at this address?	Yes										No														
Residential Address:																									
																Postal Code:									
	Owner					Lessee					Other														
Postal Address:																									
																Postal Code:									
Occupation:																									
Employer:																									
Contact Number:																									

Mother's Information

Surname:																									
First Name(s):																									
Preferred Name:																									
Relationship to applicant:	Biological Mother										Step-Mother														
Date Of Birth:	Day: <input type="text"/> <input type="text"/> Month: <input type="text"/> <input type="text"/> Year: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>																								
ID / Passport Number:																									
Identity Type:	South African ID					South African Passport					Foreign Passport														
Nationality																									
Mobile Phone Number:																									
Do you wish to receive SMS's from the school on this number?	Yes										No														
Home Telephone Number:																									
E-Mail Address:																									
Do you wish to receive e-mail s from the school at this address?	Yes										No														
Residential Address:																									
																Postal Code:									
	Owner					Lessee					Other														
Postal Address:																									
																Postal Code:									
Occupation:																									
Employer:																									
Contact Number:																									

Marital Status of Parents:	Married in Community of Property										Married out of Community of Property														
	Married with Prenuptial Agreement										Divorced					Separated:					Single				
	Other					Please Specify:																			

In the case of divorced or otherwise separated parents:

At which address does the learner reside?	Mother		Father	
Who is responsible for school fees?	Mother		Father	

Section C: Parents / Legal Guardians Confirmation of Agreement of Enrolment

Parents Agreement

We agree that our child's admission is subject to the Conditions of Enrolment as determined by the Board of Governors and accept financial liability as per the Saint Christopher's College Fee Payment Policy.

Signatures:

	_____ Father			_____ Mother		
Dated:	Day:	<input type="text"/> <input type="text"/>	Month:	<input type="text"/> <input type="text"/>	Year:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Legal Guardians Agreement

We agree that our child's admission is subject to the Conditions of Enrolment as determined by the Board of Governors and accept financial liability as per the Saint Christopher's College Fee Payment Policy.

Signatures:

	_____ Legal Guardian 1			_____ Guardian 2		
Dated:	Day:	<input type="text"/> <input type="text"/>	Month:	<input type="text"/> <input type="text"/>	Year:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

SAINT CHRISTOPHER'S COLLEGE BANKING DETAILS:

For security reasons, and for the safety of your children and our staff, we do not encourage cash payments to be made at the school premises. The preferred method of payment is via EFT (Electronic Banking), or a cash deposit at any branch of

Bank:	TymeBank
Branch Code:	678910
Account Name:	Saint Christopher's College
Account Number:	53000803226
Reference:	Pupil's Name and Surname or Statement Reference Number