

# **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 <u>admin@siantchristopherscollege.co.za</u>. 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			
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1			

Finance Department Account Number Allocation

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Surname:																					
First Name(s):																-				-	
Preferred Name:																					
Date Of Birth:		Day					Mo	onth:					Ye	ar:		-				-	
Gender		-	ale			Fen	nale	-				J				L				J	
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If other, please specify:																					
Religious affiliation:																					
Mobile Phone Number:																	I				
E-Mail Address:																					Щ
Current School Information	<u>n:</u>																				
Present School:																					
School Telephone Number:																					
Headmaster or -mistress:																					
Current Teacher:																					
Grade:																					
Years in Phase:				Pre-	Prep			Junio	or Pre	р			Seni	or Pre	еp			High	Scho	ool	
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Medical Information (in cas	se of e	emerg	ency)	Please	e read	the "I	mplica	ations	of the	Medi	catio	ns and	Relat	ed Sul	ostano	ces An	nendm	nent A	ct, 20	02"	
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:																					
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Allergies:	1.																				
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Handicaps or Disabilities:																					
Emergency Contact Details	(in th	e eve	ent of	pare	nts / g	guard	ians c	an't b	e con	tacte	d)					1				1	
Name:	$\square$																			┣──	$\square$
Telephone Number:																					

Telephone Number:									
Relationship to Learner:									

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Mother's Information         Surname:         First Name(s):         Preferred Name:         Biological Mother         Date Of Birth:         Da			⊢	┣				_						-					┶			
Surname:																						
Surname:																						
First Name(\$):       Image: Step-Mother         Preferred Name:       Biological Mother         Relationship to applicant:       Day:         ID / Passport Number:       Image: Step-Mother         Identity Type:       South African ID         South African ID       South African Passport         Proteine Number:       Image: Step-Mother         Identity Type:       South African ID         South African ID       South African Passport         Poreign Passport       Foreign Passport         Mobile Phone Number:       Image: Step-Mother         ID you wish to receive SMS's from the school on this number?       Yes         Mobile Phone Number:       Image: Step-Mother         ID you wish to receive e-mail s from the school at this address?       Yes         ID you wish to receive e-mail s from the school at this address?       Yes         ID you wish to receive e-mail s from the school at this address?       Yes         ID you wish to receive e-mail s from the school at this address?       Yes         ID you wish to receive e-mail s from the school at this address?       Yes         ID you wish to receive e-mail s from the school at this address?       Yes         ID you wish to receive e-mail s from the school at this address:       Image: Postal Code:         ID you wish to receive e-mail s from			—	—	1	1		1	1										—			
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Other Please Specify:		<u> </u>										Divorce		1	r			Γ	Г		le	
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In the case of divorced or otherwise separated parents:		L			1				1													
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At which address does the learner reside? Mother Father						r	Nothe	er		1		Fathe	er	1	1							

M/h = 1= ================================	
Who is responsible f	or school fees?

	Father	
	Father	

Mother

## 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:		Month:	Year:	

#### 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.



### SAINT CHRISTOPHER'SCOLLEGE 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