



APPLICATION FORM



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Please ensure

- That you read through the conditions of entry
- That you sign the conditions of entry, indicating your acceptance thereof
- That you complete and sign the Confidential Financial Information document & submit with the application form
- That your child's current school completes the last three pages enclosed and faxes them back to St Joseph's Marist College

That you attach the following to page 10 of this application form:

Certified copies of

- The pupil's birth certificate or identity document
- The pupil's latest school report
- Both parents' identity documents
- The pupil's baptism certificate (if Catholic)
- Proof of address
- Proof of income

A non-refundable application fee of R250-00 is payable*. Payment may be made either by cash at St Joseph's Marist College or via direct deposit into the school bank account. Please attach a copy of your deposit slip to Page 10 of this application form.

Please note that failure to supply all required information will render the application null and void.



For office use only

Application No: _____

ENROLMENT APPLICATION FORM

(PLEASE NOTE: this application form must be signed by both parents in the presence of a witness at the school and only originally completed forms are acceptable)

PUPILS'S DETAILS

Enrolment details

I would like to enrol my child to commence in Term _____ of 20_____ in: (please tick below)

Pre-School	Grade R	Mont 3-6 Pre-primary	Mont 6-9	Mont 9-12	Grade 1	Grade 2	Grade 3	Grade 4
Grade 5	Grade 6	Grade 7	Grade 8	Grade 9	Grade 10	Grade 11	Grade 12	Special Needs

Pupil's personal details [block letters please]

Surname											First Name											
Gender	Male		Female		Date of birth							Country of birth:										
Nationality											South African citizen	Yes		No								
Identity number / passport number (if applicable)																						
Visa/Permit expiry date																						
Home language											Religion											
If Catholic, which Parish does child attend?																						
Number of children in family?											Is child 1 st , 2 nd , etc in family											
Are there any other siblings at St Joseph's?																						
If yes, please supply names & grades																						

Please attach a copy of child's abridged birth certificate to Page 10 of this application form. Please attach evidence of residency/citizenship and study permit if applicable, to Page 10 of this application form.

Home address [block letters please]

Address																					
Suburb						City						Postal Code									
Home phone											Home email										

Postal address [same as home address]

Address																	
Suburb						City						Postal Code					

Details of child's current school [block letters please]

Name of school											Principal's name										
School's address																					
School's telephone no											School's fax no										
School's email																					

FAMILY DETAILS

Primary contact for this application [block letters please]

Title		Surname		First name	
Preferred cell contact number		Preferred email contact address			
Have you ever applied to enrol a pupil at St Joseph's in the past?				Yes	No

Parent 1 / Guardian [block letters please]

Title		Surname		First name	
Identity number /passport number (if applicable)					
Relationship to child		Address (if different to child)			
	Suburb		City		Postal code
Home telephone no		Personal email			
Occupation or profession			Employer		
Business telephone		Cell phone no			
Business email address					
Are you a past pupil of SJMC?	Yes	No	Are you a Marist past pupil?	Yes	No

Parent 2 / Guardian [block letters please]

Title		Surname		First name	
Identity number /passport number (if applicable)					
Relationship to child		Address (if different to child)			
	Suburb		City		Postal code
Home telephone no		Personal email			
Occupation or profession			Employer		
Business telephone		Cell phone no			
Business email address					
Are you a past pupil of SJMC?				Are you a Marist past pupil?	

Custody [Please tick appropriate box]

Parents are:	Married		Separated		Divorced		Never Married	
	Widow		Widower					
Child lives with:	Both parents		Mother		Stepmother		Father	
	Stepfather		Guardian					
Is there a Court Order or Parenting Plan relevant to the child? Yes					No			

If yes, please submit details to the school

Details of any other parent [block letters please]

Surname		First name	
Address			
Suburb		City	
		Postal Code	
Home Telephone no		Cell phone no	

In an emergency, please supply name of person to be contacted if either parent is not available:

Surname		First name	
Home Telephone no		Cell phone no	

Specific Medical conditions

Does the applicant suffer from any allergies or chronic ailment or medical condition of which the school should be made aware?		Yes	No	
If yes, please specify:				
Is the pupil receiving any treatment for above-mentioned allergies or chronic ailment		Yes	No	
If yes, please specify				
Has the pupil undergone any operation/s?		Yes	No	
If yes, indicate date and specific nature of operation/s:				
Illnesses that pupil has been immunized against: [Please tick where applicable]	Tuberculosis (BCG)	Poliomyelitis	Diphtheria	
	Haemophilus influenza Type B (HIB)	Tetanus (DT)	Whooping cough (DPT)	
Name of Medical Aid (in case of emergency):				
Medical aid number:				

Banking Details

Banking details:	Nedbank, Cape Town
Account name:	St Joseph's College
Account number:	1009 590 529
Branch code:	198 765
Reference:	Child's name & Surname

CONDITIONS OF ENTRY

1. A non-refundable application fee of R250-00 must accompany this form, as well as certified copies of documents as set out on Page 2.
2. The parent/s and/or legal guardian/s shall hereinafter also be referred to as “the applicant” and St Josephs Marist College shall hereinafter also be referred to as “the College”. On receipt of this form, the applicant’s name/s will be put on file. Acceptance of this registration form does not imply final acceptance of the applicant. The College reserves the right to accept pupils for Grade 1 who are six years old turning seven years old within that year.
3. Acceptance of an offer of a place will render the applicant liable for the payment of a fee deposit, which secures a place in the College as against potential applicants on the waiting list.
4. This signatory/ies commits to the payment of school fees in full to St Joseph’s Marist College.
5. Fees are payable annually in advance. The College may grant the applicant permission to pay quarterly (within 7 days of the beginning of the term) or monthly from January to November (by the 7th of the month). Monthly fees can only be paid by debit order. After three debit order defaults, fees will be payable two terms in advance. After three exclusions, fees will be payable two terms in advance.
6. It is agreed that fees paid in advance will be deposited by the College and held in accordance with the Consumer Protection Act, with interest or other income there from to accrue to the College as income.
7. A full term’s notice must be given in writing and delivered to the principal if a pupil is to be withdrawn. This must be received by no later than the first day of the term at the end of which the pupil is to be withdrawn, otherwise payment for an additional term will be charged. Please note that provisional written notice will be accepted.
8. The applicant undertakes to comply with school rules as well as the conditions set out in the Acceptance Form.
9. The College may hold and process by computer or otherwise any information obtained about the Parent/s regarding their liability for school fees. The College may conduct a credit enquiry and/or a credit information search about the Parent/s with a credit information bureau, person acting as their agents and/or other credit grantors. The College may transmit details of how the Parent/s have performed in meeting their obligations in terms of their school fee obligations and share such information with other credit grantors for the purposes of making any credit risk management related decisions.
10. If the Parent/s fails to meet their school fee obligations, the College may record the Parent/s non-performance with a credit information bureau. Any information conveyed to a credit information bureau will be available to other credit grantors and used in making credit risk management related decisions.
11. The College may:
 - 11.1. Monitor the Parent/s payment behaviour by researching the Parent/s record at one or more credit information bureaus;
 - 11.2. Record and transmit details of how Parent/s has performed in terms of their school fee obligations reflecting how they have conducted themselves in meeting these obligations.
12. The Parent/s acknowledge and agree that any information regarding their credit worthiness, defaults in payment to the College, and details of how they have paid their school fee obligations with the College may be disclosed to any other creditor of the applicant or school and/or to one or more credit information bureau.
13. In the case of a foreign national, acceptance is subject to submission of a valid study permit in the name of the pupil.



PHOTOGRAPHY CONSENT FORM

Name of father/legal guardian: _____
(Please print name)

Signature: _____

Name of mother/legal guardian: _____
(Please print name)

Signature: _____

Signature of representative of SJMC: _____ Date: _____

(FOR OFFICE ONLY)

Decision on Admission of Pupil

This is to certify that _____ conforms to the legal age requirement and that his/her most recent end-of-year report has been verified as authentic. His/her admission to _____ is approved.



CONFIDENTIAL FINANCIAL INFORMATION

Please note

- St Joseph's Marist College does not receive funding from the Catholic Church. Accordingly, St Joseph's is dependent on school fees to finance the running of the school and payment must be made on time and in full.
- All information requested below, pertains to the applicant who will be paying the tuition fee for the pupil.

Person(s) responsible for paying the School fee Account is (are) requested to complete this page.

Surname and initials of pupil applicant	
Grade and year commencing at St Joseph's Marist College	

Surname and initials of person paying the account			
ID number of person paying the account			
Address of person paying the account			
			Code
Address to which the account must be sent (if it differs from above)			
			Code
Telephone	(h) ()	(w) ()	(cell)
Occupation			
Name and address of employer			
			Email Address:
Telephone number of employer			

Please include a copy of your latest Municipal utility account or if NOT a homeowner, your latest telephone account.

Please tick where applicable

Have you or your partner ever been declared insolvent?	Yes	No
Have you or your partner ever been sequestrated?	Yes	No
Have you or your partner ever been placed under administration	Yes	No

Please advise any special reasons or background which should be considered in reviewing this application, and of which the College may or may not be aware

Name: _____ **Signature:** _____

(Please print name)

Date: _____



TEACHER'S ASSESSMENT

(To be completed by the Teacher/s of the child's current school)

Dear Sir/Madam

The parents of the pupil at your school have applied for a place at our school. We would appreciate it if the teacher/s of this pupil would answer the following questions and fax the form back to us as soon as possible to (021) 689-1205.

Name of pupil			
Name of current school			
Contact numbers of present school	(T)		(F)
Any Positives/ negatives, i.e. how is the pupil faring academically thus far?			
Does the pupil see any therapist or receive learning support?			
Does the pupil behave in class and on the playground?			
Does the pupil get on with his/her peers?			
What co-curricular activities does the pupil participate in?			
Are the parents involved in the school; do they attend meetings and show an interest in the child's progress?			

Teacher name: _____ Signature: _____

Date: _____ School Stamp: _____





PRINCIPAL'S ASSESSMENT

(To be completed by the Principal of the child's current school)

Dear Sir/Madam

The pupil named hereunder has applied for admission to St Joseph's Marist College. Kindly complete the assessment below as soon as possible, as it forms part of the application. Please FAX it directly to the school at (021) 689-1205 or return it via the applicant in a SEALED ENVELOPE.

Name of pupil			
Name of current school			
Contact numbers of present school	(T)		(F)

Academic

Does the pupil's academic performance reflect his/her capabilities? Yes [] No []
 This pupil's academic results fall into the [Top] [Middle] [Bottom] third of his/her Grade.

Skills

Please rate the above-mentioned pupil on the following scale:

5 = Excellent 4 = Good 3 = Average 2 = Weak 1 = Very weak

Work Skills		Social Skills	
Concentration		Self control	
Independence		Acceptance of responsibility	
Listening skills		Interaction with peers	
Following instructions		Group participation	
Task completion		Courtesy	
Presence of work		Behaviour	
Meeting deadlines		Respect for superiors/elders	
Proficiency in English		Appearance	
Proficiency in Afrikaans or Xhosa		Leadership skills	
Proficiency in Mathematics		Adherence to Code of Conduct	

Involvement in school life

Please rate the above-mentioned pupil on the following scale:

5 = Excellent 4 = Good 3 = Average 2 = Weak 1 = Very weak

Sport []	Societies []	Culture []	Attendance at school []	Attendance at extra murals []
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Discipline

Has any disciplinary action been taken against the pupil for the following offences:

Insolence		Swearing		Stealing	
Smoking		Bullying/fighting		Gang-related activities	

Has the pupil ever been suspended?	Yes []	No []	
Has the pupil ever been expelled?	Yes []	No []	

Principal Name: _____ Signature: _____

Date: _____ School Stamp: _____





FINANCIAL CLEARANCE CERTIFICATE

(To be completed by the School Business Manager of the child's current school)

Dear Sir/Madam

The pupil named hereunder has applied for admission to St Joseph's Marist College. Kindly complete the information below as soon as possible, as it forms part of the application. Please FAX it directly to the school at (021) 689-1205 or return it via the applicant in a SEALED ENVELOPE.

Name of Pupil			
Name of the person responsible for fee payment			
ID Number of person responsible for fee payment			
Name of School where pupil is currently enrolled			
Annual Fees for (Grade)			R
Fees paid to date			R
Fees outstanding			R
Comment			

This letter certifies that the above person, responsible for fee payment, has paid the school fees as indicated.

Name of School Business Manager

Signature

School stamp

Date



PROUDLY MARIST



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