



St Patrick's CBC, Kimberley

APPLICATION FORM 2018: AGE 4 MONTHS TO GRADE 12

An Independent Co-educational IEB School
 170 Du Toitspan Road, Belgravia, Kimberley 8301
 P.O. Box 10281, Beaconsfield 8315, South Africa
 Telephone +27 (53) 831-1558/9 | Facsimile +27 (53) 831-1669
 E-mail: info@stpatricks.co.za

ADMISSIONS NO.

Name of Child _____

Please mark with a ✓			
	INFANTS		PRIMARY SCHOOL (GR 1 - 7)
	CRÈCHE		HIGH SCHOOL (GR 8 - 12)
	PRE-PRIMARY (GR PR – R)		FULL TIME BOARDING

***Please note the following application requirements:**

- A R550.00 (non-refundable) application fee must accompany this form in respect of all applicants.
- All applicants from Gr PR are required to undergo an entrance assessment (English & Mathematics).
- This completed form is to be returned with **COPIES** of the following documents:
 1. Birth Certificate of applicant;
 2. Baptismal Certificate of applicant (Catholics only);
 3. Final report from previous year and most current school reports/removal letter;
 4. Immunization record (clinic card) – Infants to Grade R
 5. Passport (where applicable);
 6. Study Permit (where applicable);
 7. Identity Documents (both parents / guardians);
 8. Original, signed debit order form.

PLEASE NOTE: No application will be finalised for Gr R-12 should final year-end (term 4) reports not be received before he/she starts school the following year confirming applicant has been promoted to the grade applying for.

SECTION A: PARTICULARS OF APPLICANT (Pupil):

Current Grade: _____ *Grade applying for: _____ Year: _____ Term: _____

*PRE PRIMARY: GRADE PR + R / FOUNDATION PHASE GRADE 1 – 3 / INTERMEDIATE PHASE GRADE 4 – 6 / HIGH SCHOOL GRADE 7 – 12

Surname: _____ Name(s): _____

Preferred Name: _____

Date of Birth: _____ / _____ / _____ Age: _____ Gender: Male: _____ Female: _____

Nationality (Citizenship): _____ ID / Passport no: _____

Race: African / Coloured / Indian / White / Asian Religious affiliation: _____

Home language: _____

Child lives with (Circle which is applicable): Both Parents Only Mother Only Father Relative Legal Guardian

Other: _____
(please state e.g. mother and stepfather, mother remarried etc.)

Parents deceased (circle which is applicable) : Mother Father Both None

Permanent residential address of applicant: _____

_____ Tel no at this address: _____

Emergency contact telephone numbers:

1. Name _____ Number: _____

2. Name _____ Number: _____

Name of current school: _____ Date from: _____ to: _____

Highest grade passed: _____ Year: _____ Grades repeated: _____

Is applicant a returning pupil to St Patrick's College: YES NO

If yes, date(s) when applicant was previously enrolled at St Patrick's College: _____

Have any other schools been applied to: _____

SECTION B: (CATHOLICS ARE REQUIRED TO COMPLETE THE FOLLOWING):

Parish: _____ Name of Priest: _____

Date of Baptism: _____ Place: _____

Date of First Communion: _____ Place: _____

Date of Confirmation: _____ Place: _____

SECTION C: PARTICULARS REGARDING PARENT / GUARDIAN RESPONSIBLE FOR THE EDUCATION OF APPLICANT (Pupil):

*If parents are divorced or separated or applicant lives with a guardian, please underline which is relevant:

- Accounts to be addressed to: Father Mother Guardian
- Correspondence to be addressed to: Father Mother Guardian
- Reports to be addressed to: Father Mother Guardian

Father / Stepfather / Guardian

Surname: _____ Name: _____

Identity / Passport no: _____

Residential address: _____

_____ Code: _____

Postal address: _____

_____ n _____ Code: _____

Tel no: *H: _____ *W: _____ *Cell: _____

*it is imperative that these telephone numbers are filled in and current and we are able to get hold of you on them in case of an emergency.

*E-mail address: _____

*updated and accurate email address is imperative for effective email correspondence.

Employer: _____ Occupation: _____

Address work: _____ Fax no: _____

Are you the legal guardian of the child? _____

Mother / Stepmother / Guardian

Surname: _____ Name: _____

Identity / Passport no: _____

Residential address: _____

_____ Code: _____

Postal address: _____

_____ n _____ Code: _____

Tel no: *H: _____ *W: _____ *Cell: _____

*it is imperative that these telephone numbers are filled in and current and we are able to get hold of you on them in case of an emergency.

*E-mail address: _____

*updated and accurate email address is imperative for effective email correspondence.

Employer: _____ Occupation: _____

Address work: _____ Fax no: _____

Are you the legal guardian of the child? _____

SECTION D: MEDICAL INFORMATION:

Name of Medical Aid Plan/Scheme _____ Medical Aid no: _____

Main Member's Full Names: _____

Main Member's ID no: _____ Tel no: _____

Family Doctor's name: _____ Tel no: _____

Preferred Hospital: _____

Please list any serious medical conditions (e.g. asthma, diabetes, epilepsy etc.) _____

List any emotional trauma the child has experienced (e.g. the loss of a parent) _____

List any physical disabilities the child may have and/or any known learning problems the child has experienced _____

***please note any briefly and attach the relevant reports to this application.

SECTION E: PARTICULARS OF SIBLINGS CURRENTLY ATTENDING ST PATRICK'S COLLEGE:

1. Name and Surname: _____
Grade: _____ House: _____
2. Name and Surname: _____
Grade: _____ House: _____

SECTION F: PARTICULARS REGARDING PAST PUPILS:

***If pupil/parent/guardian is related to any past students of this College, please complete:**

- Name of past student: _____ Relationship: _____
- Last year of attendance: _____ House: _____

SECTION G: FEES / LEVIES & CHARGES / TERMS OF ACCEPTANCE:

General Note: St Patrick's CBC is an Independent Institution operating on a NOT FOR PROFIT basis. No assistance in the form of finances/subsidies is/are received from the State and as such College is wholly dependent on fees, possible sponsorship or donations for its continued operation and existence.

- To secure enrolment, a non-refundable deposit is payable as follows: R1000 (Creche & Grade PR), R3000 (Grade R-7) and R5000 (Grade 8-12). This deposit will be deducted off of your first month's school fees.
- Tuition fees per term are payable as set out in the applicable Scale of Fees Schedule.
- Tuition fees are reviewed annually. Any adjustments will be reflected on an applicable scale of fees, circulated at the end of the preceding term, with an account for the following term's fees.
- The Board of Governors reserves the right to raise levies and fees from time to time in order to meet funding requirements. Such levies and fees will, after prior notification, be added to tuition fee accounts.
- Accounts may not be in arrears and all overdue accounts will attract interest at prime plus 2% per month in accordance with the National Credit Act.**
- A full term's notice, in writing, or the equivalent fee in lieu thereof is required prior to the withdrawal of a pupil from both the boarding house and/or the school.
- St Patrick's CBC reserves the right to restrict admission of any pupil to class in respect of whom monies due to the College are outstanding and to withhold reports of such pupils.
- Tuition fees will be paid as set out in the payment plan agreed to.
- PLEASE NOTE: YOU WILL BE REQUIRED TO REREGISTER YOUR CHILD ANNUALLY. YOU WILL RECEIVE ALL THE NECESSARY DOCUMENTATION FROM THE SCHOOL ADMIN DEPARTMENT FOR THIS PURPOSE. SHOULD YOU NOT RETURN THESE DOCUMENTS BY THE DUE DATE YOUR CHILD WILL NOT BE PROCESSED INTO THE NEW ACADEMIC YEAR. THE SCHOOL WILL ONLY RE-REGISTER YOUR CHILD IF THE RELEVANT DOCUMENTS HAVE BEEN RETURNED – NO VERBAL OR ANY OTHER FORM OF COMMUNICATION STATING THE INTENTION THAT YOUR CHILD WILL BE RETURNING TO THE SCHOOL WILL BE ENTERTAINED.**

UNDERTAKING BY PARENT, GUARDIAN OR PERSON RESPONSIBLE FOR FEES:

I, the undersigned, (print name in full) _____, parent/guardian
of (print name in full) _____
have read, understood and undertake to abide by these regulations in respect of fees.

Signed: _____ Date: _____

SECTION H: CREDIT REFERENCE:

Names of two (2) additional credit references:

1. _____ 2. _____

SECTION I: ST PATRICK’S – A CATHOLIC INSTITUTION:

St Patrick’s CBC was established in 1897 as part of a group of Colleges founded by Edmund Rice, an Irish Catholic Brother and is still owned by the Catholic Institute in South Africa. (All similar Colleges across Africa for example wear the same uniform and are identifiable as Christian Brothers College students.) As such, whilst College is able to accept students of different faiths, the undertaking must be that such students agree to and abide by the ethos and value system of the College as set out and amended by the CIE from time to time. This implies:

1. Attendance by our students at ALL College functions which may or may not include a religious component such as a Mass or a Paraliturg. Non Catholics are not expected to take communion but must remain present and be part of the family of College. No students may therefore be excused from any event.
2. Attendance by students at all Life Orientation and Religious Education classes is compulsory.
3. Please note that College is NOT a NON-Denominational Institution. It is a Catholic Institution willing to accept other faiths providing they are willing to participate and adhere to the ethos and value system (as included in the Mission and documents published and freely available) and as stated above.

I(name) _____ agree, as a member of the College family (and on behalf of my son/daughter), to abide by the above as stated in **SECTION G**.

Signed: _____ **Date:** _____

SECTION J: INDEMNITY FORM

I, the undersigned, _____ (please print full names),

being the parent / guardian of _____ (please print full names),

hereby indemnify the College against any claims which may arise as a result of my child’s participation in games, sporting, cultural and educational tours, trips and excursions arranged by the College and/or conducted under its aegis, with the proviso that due notice is given of sporting; cultural and educational tours; trips and excursions, and generally in all College activities.

Whilst it is recognised that the College will take every precaution to ensure the safety and well-being of my child, I hereby indemnify and hold blameless the Board of Governors of the College, its employees, agents and parents against all claims which may arise in consequence of the death of or any injury sustained or damage suffered by my child during the course of my child’s participation in aforesaid, from whatsoever cause arising, including any negligence or fault of whatsoever nature attributable to the College, its Board of Governors, employees, agents or parents, save that liability shall not be excluded under this indemnity for loss occasioned by a deliberate act of willful misconduct attributable to the College, its Board of Governors, its employees, agents and parents.

In the event of my child being injured, or in the event of illness, I hereby authorise the College and/or its agents and parents to procure such medical treatment/surgery as may be deemed necessary, hereby authorising them, on my behalf, to sign inter alia a consent to surgical and other procedures with the understanding that the College and/or its agents will endeavour to contact and inform the parents/legal guardian prior to such consent being signed. I hereby indemnify the College, its Board of Governors, its employees, agents or parents from all medical and hospital costs occasioned thereby. During sporting, cultural and educational tours, should the organisers and/or their agents deem it advisable to make special travel arrangements for the abovementioned child to be returned home due to unforeseen circumstances arising, I accept full liability for the additional costs which shall be incurred thereby.

During sporting, cultural and educational tours, trips and excursions, I authorise the College and/or its agents to discipline the abovementioned child as may be deemed advisable. I further authorise the College and/or its agents, in the event of gross and/or persistent misconduct on the part of the child, as they do determine at their sole discretion, to send my child home by such means as may be deemed advisable, and accept full liability for the costs thereof. I further accept that no portion of the money paid for the tour/trip/excursion will, in the above event necessarily be refunded.

Signature: _____ **Date:** _____

SECTION K: CERTIFICATION BY PARENT, GUARDIAN OF, OR PERSON RESPONSIBLE FOR APPLICANT / PUPIL:

I hereby certify that all the information recorded above and on the accompanying documents is true and correct and that I agree to abide by the understanding given in the sections above.

Please print name in full: _____

Signed: _____ **Date:** _____