



# St Patrick's CBC

## APPLICATION FORM 2019: AGE 2 YEARS 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**

<b>Please mark with a ✓</b>			
	<b>EARLY CHILDHOOD DEVELOPMENT CENTRE</b>		<b>HIGH SCHOOL (GR 8 - 12)</b>
	<b>PRE-PRIMARY (GR PR – R)</b>		<b>FULL TIME BOARDING</b>
	<b>PRIMARY SCHOOL (GR 1 - 7)</b>		

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

- A R600.00 (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) – Age 2-3 to Grade R
  5. Passport (where applicable);
  6. Study Permit (where applicable);
  7. Identity Documents (both parents / guardians);
  8. Original, signed debit order form (for monthly payers).

**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: \_\_\_\_\_ Siblings in school:  Yes  No (tick ✓)

**\*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 CBC: YES NO

If yes, date(s) when applicant was previously enrolled at St Patrick's CBC: \_\_\_\_\_

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: \_\_\_\_\_

\_\_\_\_\_ 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: \_\_\_\_\_

\_\_\_\_\_ 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 CBC:**

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 pupils of this School, please complete:**

Name of past pupil: \_\_\_\_\_ 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 the school is wholly dependent on fees, possible sponsorship or donations for its continued operation and existence.

1. To secure enrolment, a non-refundable deposit is payable as follows: Early Childhood Development Centre: R2 000, Grade PR & R: R3 500, Grade 1-3: R4 500, Grade 4-7: R5 500, High School: R6 500, Boarding House: R7 000. This deposit will be deducted off of your first month's fees.
2. Tuition fees are payable as set out in the applicable Fees Schedule.
3. 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.
4. 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.
5. **Accounts may not be in arrears and all overdue accounts will attract interest at 2% per month in accordance with the National Credit Act.**
6. 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.
7. *St Patrick's CBC reserves the right to restrict admission of any pupil to class in respect of whom monies due to the school are outstanding and to withhold reports of such pupils.*
8. **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 CBC – A CATHOLIC INSTITUTION:**

St Patrick's CBC was established in 1897 as part of a group of schools founded by Edmund Rice, an Irish Catholic Brother and is still owned by the Catholic Institute in South Africa. As such, whilst the School is able to accept pupils of different faiths, the undertaking must be that such pupils agree to and abide by the ethos and value system of the School as set out and amended by the Catholic Institute of Education from time to time. This implies:

1. Attendance by our pupils at ALL school functions which may or may not include a religious component such as a Mass or a Para liturgy. Non-Catholics are not expected to take communion but must remain present and be part of the school family. No pupils may therefore be excused from any event.
2. Attendance by pupils at all Life Orientation and Religious Education classes is compulsory.
3. Please note that the school is NOT a NON-Denominational Institution. It is a Catholic Institution willing to accept pupils of 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 school 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 school 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 School 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 School activities.

Whilst it is recognised that the School 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 School, 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 School, 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 School, 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 School 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 School and/or its agents will endeavour to contact and inform the parents/legal guardian prior to such consent being signed. I hereby indemnify the School, 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 School and/or its agents to discipline the abovementioned child as may be deemed advisable. I further authorise the School 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:** \_\_\_\_\_

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## DEBIT ORDER AUTHORISATION FORM

I, .....(Full name), the undersigned, duly authorise St Patrick's CBC, Kimberley to institute a debit order against my bank account as mentioned below for the amount due on my school account each month.

### LEARNER DETAILS:

	Learner(s) Name & Surname
1.	
2.	
3.	
4.	

### PERSON RESPONSIBLE FOR DEBIT ORDER:

Name:	
Surname:	
Title:	
ID no:	
Home address:	
Employer:	
Work address:	
Tel (home):	
Tel (work):	
Cell number:	
Email address:	

### BANK DETAILS

Account name:			
Bank:			
Branch name:			
Branch code:			
Account number:			
Type of account:			
Debit Order date: (tick one)	1 <sup>st</sup> of the month	<input type="checkbox"/>	15 <sup>th</sup> of the month

Insure Group Managers Ltd is the Provider handling the monthly debit order collections, and the debit order against your bank account will reflect the following reference on your bank statement: ICB Epic. In the case of the Debit order not being successful, I give the school permission to add the additional costs to my account.

I declare that the above information is correct.

\_\_\_\_\_  
 Signature of Account Holder

\_\_\_\_\_/\_\_\_\_\_/20\_\_\_\_\_  
 Date