



St Patrick's CBC, Kimberley HIGH SCHOOL BOARDING APPLICATION FORM 2020

An Independent Co-educational IEB School

170 Du Toitspan Road, Belgravia, Kimberley 8301
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ADMISSIONS NO.

Full name and surname of child

Grade

*Please submit the following:

- A legible photocopy of the medical aid card.
- A copy of the main member's identity document.
- R1500,00 in cash. This is to cover the doctors' consultation fees as well as the necessary medication should the child not be on medical aid, or if the medical aid is inactive at the time of the doctor's consultation. This amount is refundable at the end of the pupil's stay, if not used.

SECTION A: PARTICULARS OF APPLICANT (Pupil):

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: _____

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 B: 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. allergies, 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 C: PARTICULARS OF SIBLINGS CURRENTLY ATTENDING ST PATRICK'S CBC:

1. Name and Surname: _____

Grade: _____

House: _____

2. Name and Surname: _____

Grade: _____

House: _____

SECTION D: 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. Boarding fees are payable as set out in the applicable Fees Schedule.
2. Boarding fees are reviewed annually.
3. **Accounts may not be in arrears and all overdue accounts will attract interest at 2% per month in accordance with the National Credit Act.**
4. 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.
5. *St Patrick's CBC reserves the right to restrict admission of any pupil to the boarding house in respect of whom monies due to the school are outstanding and to withhold reports of such pupils.*
6. **PLEASE NOTE: YOU WILL BE REQUIRED TO RE-REGISTER YOUR CHILD ANNUALLY.**

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.

Signature: _____

Date: _____

SECTION E: 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**.

Signature: _____

Date: _____

SECTION F: 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: _____

Signature: _____

Date: _____