



St Patrick's CBC, Kimberley

APPLICATION FORM 2020: AGE 1 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 _____

I AM APPLYING FOR (please mark with a ✓)			
	EARLY CHILDHOOD DEVELOPMENT CENTRE		PRIMARY SCHOOL (GR 1 - 7)
	PRE-PRIMARY (GR PR - R)		HIGH SCHOOL (GR 8 - 12)

FULL-TIME BOARDING Yes No (please tick ✓)

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

- All applicants from Grade PR are required to undergo an entrance assessment (English & Mathematics).
- A R600.00 (non-refundable) application fee must accompany this form in respect of all applicants.
- 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) – Early Childhood Development Centre 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).
 9. Financial Certificate completed by the current school

PLEASE NOTE: No application will be finalized for Grade 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 4-7 / HIGH SCHOOL GRADE 8-12**

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:** _____

Contact details of current school: Tel - _____ **Email -** _____

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

Is applicant a returning pupil to St Patrick's CBC: Yes No (tick ✓)

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, allergies, 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 government 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 300, Grade PR & R: R3 500, Grade 1-3: R4 800, Grade 4-7: R5 800, High School: R6 800, Boarding House: R7 000. This deposit will be deducted off of your first month's fees.
1. Tuition fees are payable as set out in the applicable Fees Schedule.
2. 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.
3. 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.
4. **Accounts may not be in arrears and all overdue accounts will attract interest at 2% per month in accordance with the National Credit Act.**
5. 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.
6. *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.*

PLEASE NOTE: YOU WILL BE REQUIRED TO REREGISTER YOUR CHILD ANNUALLY. YOU WILL RECEIVE ALL THE NECESSARY DOCUMENTATION FROM THE SCHOOL'S 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-liturg. 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 school's mission and documents published and freely available) and as stated above.

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: SOCIAL MEDIA

St Patrick's CBC makes a constant effort to keep parents updated of school activities via the school's website, the official Facebook page, the weekly newsletter, etc. By signing this document, I hereby authorize the following:

- I grant St Patrick's CBC permission to photograph/video record my child (mentioned on page 1 of this Application form) while involved in activities at St Patrick's CBC.
- I grant the school permission to use any photographs/video footage/voice recordings of my child taken during their activities at St Patrick's CBC to be posted on the school's website, Facebook page, brochures, flyers, school magazine or any other school-related publication or printed medium.
- I understand that I have the right to request, in writing, to have a photo removed from the website or Facebook page within 30 working days.
- I understand that all rights, title and interest in the photography or videography obtained belongs to St Patrick's CBC and that I will receive no financial compensation for the use of these photos and/or video.

SECTION L: SUBSTANCE ABUSE POLICY (APPLICABLE TO GRADES 7 – 12):

One of the growing dangers that young people in South Africa today is the availability of drugs. We believe random drug testing will be in your child's best interests as it will make it that much easier for him or her to say "NO" when the temptation arises. The testing will be done by means of an accepted urine test. This is used for detecting a wide range of metabolites in urine. Random pupils will be selected to undergo testing for substance abuse. No names will appear on any testing control form. A code will be used instead. The results of these will be dealt with confidentially and sensitively and will be known only to the Executive Head, Deputy Head, Phase Head and the parents/guardians of the pupil.

SECTION M: SCHOOL POLICIES

St Patrick's CBC's school policies are reviewed regularly. Whilst representing St Patrick's CBC, both on and off the school campus, all pupils are required to abide by and adhere to these policies at all times. These are available on request.

SECTION N: 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.

I (name) _____ agree, as a member of the school family (and on behalf of my son/ daughter), to abide by all stipulations as set out in this Application Form.

Signed: _____ **Date:** _____

St Patrick's CBC

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...where more than 120 years of
 history embraces the future

DEBIT ORDER AUTHORISATION FORM ST PATRICK'S CBC

I 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 **or** for the fixed amount stipulated, being R_____. (Debit order for the 15th will include the following month's fees, as fees are due on the 1st of each month).

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: (For company bank details a letter of permission on the company letterhead with company stamp and banking details is required).

Account name:						
Bank:						
Branch name:						
Branch code:						
Account number:						
Type of account:						
Debit Order date (tick one):	1 st of the month	<input type="checkbox"/>	15 th of the month	<input type="checkbox"/>	25 th of the month	<input type="checkbox"/>

Start date: _____ End date: _____

I declare that the above information is correct and that I have read and agreed to the terms and conditions stated on page 2 section A – D.

Signed at _____ on this _____ day of _____.

(Signature as used for operating on the account)

Account Number: (For office use)

A: Authority

This signed Authority and Mandate refers to our agreement above with St Patrick's CBC in respect of collection of Fees.

I/We hereby authorise St Patrick's CBC using the services of IMAGIN8, Insure Group Managers Ltd, or their authorized Third Party (Herein after referred to as *Epic*) to issue and deliver payment instructions to your Banker for collection against my/our above-mentioned account at my/our above-mentioned Bank (or any other above-mentioned Bank or any other Bank or branch to which I/we may transfer my/our account) on condition that the sum of such payment instructions will never exceed my/our obligations as agreed to in the Agreement and commencing on the date above and continuing until this Authority and Mandate is terminated by me/us by giving you notice in writing of not less than 20 ordinary working days, and sent by prepaid registered post or delivered to your address as indicated above.

I/We further authorise Epic to increase or reduce such amounts due from time to time to reflect any change to the Agreement, including changes in the base agreement cost, additional services, products, transactional costs as communicated to Epic by St Patrick's CBC.

The individual payment instructions so authorised to be issued and delivered as follows: monthly

In the event that the payment day falls on a Sunday, or recognised South African public holiday, the payment day will automatically be the very next ordinary business day.

I/We understand that the withdrawals hereby authorised will be processed through a computerised system provided by the South African Banks. I also understand the details of each withdrawal will be printed on my Bank statement. Such must contain a number, which must be included in the said payment instruction and if provided to me should enable me to identify the Agreement. This number must be added to this form before the issuing of any payment instruction.

B. Mandate

I/We acknowledge that all payment instructions issued by you shall be treated by my/our above-mentioned Bank as if the instructions have been issued by me/us personally.

C. Cancellation

I/We agree that although this Authority and Mandate may be cancelled by me/us, such cancellation will not cancel the Agreement. I/We shall not be entitled to any refund of amounts which you have withdrawn while this Authority was in force, if such amounts were legally owing to you.

D. Assignment

I/We acknowledge that this Authority may be ceded or assigned to a third party if the Agreement is also ceded or assigned to that third party, but in the absence of such assignment of the Agreement this Authority and Mandate cannot be assigned to any third party.

St Patrick's CBC

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FINANCIAL CERTIFICATE

(to be completed by the CURRENT school)

Name and Surname of Pupil

Grade

School fees:

Annual fees: R _____

Fees paid regularly Yes No

Fees outstanding: R _____

Other comments: _____

I hereby confirm that the above information is correct.

PRINCIPAL'S SIGNATURE

DATE

SCHOOL STAMP:

