



# APPLICATION FOR ENROLMENT

## AGE 1 YEARS TO GRADE 12

**Please note the following application requirements:**

- All applicants from Age 2 are required to undergo an entrance assessment.
- 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. An unabridged Birth Certificate of applicant;
  2. Baptismal Certificate of applicant (Catholics only);
  3. Final report from previous year and most current school reports/transfer letter;
  4. Immunization record (clinic card)
  5. Passport (where applicable);
  6. Study Permit (where applicable);
  7. Identity Documents (all parents/guardians);
  8. In the event of parents/guardians being self-employed, a company letterhead as well as 2 months bank statements must be provided;
  9. Original, signed debit order form (for monthly payers);
  10. Financial Certificate completed by the current school.

**PLEASE NOTE:** No application will be finalised for Grade R-12 should the 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. Confirmation of acceptance for the forthcoming academic year will be provided by October of the preceding year.

SECTION A1: PARTICULARS OF APPLICANT (PUPIL)												
SURNAME						FIRST NAME						
MIDDLE NAME/S												
PREFERRED NAME						DATE OF BIRTH			dd / mm / yy			
GENDER (please mark with a X)			MALE		FEMALE		NATIONALITY					
RACE (please mark with a X)			AFRICAN	ASIAN		COLOURED		INDIAN	LATINA		WHITE	OTHER
ID NUMBER												
PASSPORT NUMBER (IF APPLICABLE)												
RELIGIOUS AFFILIATION						HOME LANGUAGE						
APPLICANT LIVES WITH (please mark with a X)			BOTH PARENTS		ONLY MOTHER		ONLY FATHER		LEGAL GUARDIAN		RELATIVE (PLEASE SPECIFY)	
PERMANENT RESIDENTIAL ADDRESS OF APPLICANT												
MOBILE TELEPHONE NUMBER OF PUPIL (IF APPLICABLE)						HOME NUMBER OF PUPIL (IF APPLICABLE)						
EMAIL ADDRESS OF PUPIL (IF APPLICABLE)												

SECTION A2: PARTICULARS OF APPLICANT (PUPIL)							
CURRENT GRADE		YEAR		TERM		MONTH	
GRADE APPLYING FOR (please mark with a X)							
ECD CENTRE (AGE 1-5)		FOUNDATION PHASE (GRADE 1-3)		BOARDING HOUSE (GRADE 7-12 ONLY)	YES	NO	
INTERMEDIATE PHASE (GRADE 4-7)		HIGH SCHOOL (GRADE 8-12)					

SECTION A3: MEDICAL PARTICULARS OF APPLICANT (PUPIL)																		
MEDICAL AID SCHEME								MEDICAL AID NUMBER										
MAIN MEMBER SURNAME								MAIN MEMBER NAME										
ID NUMBER OF MAIN MEMBER																		

MEDICAL CONDITIONS OF APPLICANT (PUPILS) - (please mark with a X)					
ASTHMA	YES	NO	EPILEPSY	YES	NO
ECZEMA	YES	NO	GASTRIC PROBLEMS	YES	NO
HEART DISEASE	YES	NO	MIGRAINES	YES	NO
DIABETES	YES	NO	VISION ISSUES	YES	NO
HEARING ISSUES	YES	NO	SPEECH ISSUES	YES	NO
ALLERGIES (please specify if applicable)					
OTHER (please specify)					
PHYSICAL DISABILITIES (please specify if applicable)					
EMOTIONAL TRAUMA (please specify if applicable)					

SECTION A4: PARTICULARS OF SIBLINGS OF APPLICANT (PUPIL) CURRENTLY ATTENDING ST PATRICK'S CBC			
SURNAME OF SIBLING		NAME OF SIBLING	
SIBLING'S CURRENT GRADE		SIBLING'S FAMILY CODE	
SURNAME OF SIBLING		NAME OF SIBLING	
SIBLING'S CURRENT GRADE		SIBLING'S FAMILY CODE	
SURNAME OF SIBLING		NAME OF SIBLING	
SIBLING'S CURRENT GRADE		SIBLING'S FAMILY CODE	

SECTION A4: PARTICULARS OF ALUMNI RELATIONS OF APPLICANT (PUPIL)						
SURNAME OF ALUMNUS/ALUMNA		NAME OF ALUMNUS/ALUMNA				
ALUMNUS/ALUMNA MATRICULATION YEAR		ALUMNUS/ALUMNA HOUSE (please mark with a X)	C	K	M	S
SURNAME OF ALUMNUS/ALUMNA		NAME OF ALUMNUS/ALUMNA				
ALUMNUS/ALUMNA MATRICULATION YEAR		ALUMNUS/ALUMNA HOUSE (please mark with a X)	C	K	M	S

**SECTION B1: PARTICULARS OF APPLICANT'S PRIMARY GUARDIAN 1**

<b>RELATIONSHIP TO APPLICANT</b> (please mark with a X)	FATHER	STEP-FATHER	GRANDFATHER	LEGAL GUARDIAN	OTHER	
<b>LEGAL GUARDIAN</b> (please mark with a X)	YES	NO	<b>GENDER</b> (please mark with a X)	MALE	FEMALE	
<b>SURNAME</b>				<b>FIRST NAME</b>		
<b>MIDDLE NAME/S</b>						
<b>PREFERRED NAME</b>				<b>DATE OF BIRTH</b>	dd / mm / yy	
<b>NATIONALITY</b>						
<b>RACE</b> (please mark with a X)	AFRICAN	ASIAN	COLOURED	INDIAN	LATINA	WHITE
<b>ID NUMBER</b>						
<b>PASSPORT NUMBER</b> (IF APPLICABLE)						
<b>MOBILE TELEPHONE NUMBER</b>				<b>HOME TELEPHONE NUMBER</b>		
<b>EMAIL ADDRESS</b>						
<b>PERMANENT RESIDENTIAL ADDRESS</b> OF ABOVEMENTIONED GUARDIAN						
<b>PLACE OF WORK</b>				<b>OCCUPATION/JOB TITLE</b>		
<b>PLACE OF WORK ADDRESS</b>						

**SECTION B1: PARTICULARS OF APPLICANT'S PRIMARY GUARDIAN 2**

<b>RELATIONSHIP TO APPLICANT</b> (please mark with a X)	MOTHER	STEP-MOTHER	GRANDMOTHER	LEGAL GUARDIAN	OTHER	
<b>LEGAL GUARDIAN</b> (please mark with a X)	YES	NO	<b>GENDER</b> (please mark with a X)	MALE	FEMALE	
<b>SURNAME</b>				<b>FIRST NAME</b>		
<b>MIDDLE NAME/S</b>						
<b>PREFERRED NAME</b>				<b>DATE OF BIRTH</b>	dd / mm / yy	
<b>NATIONALITY</b>						
<b>RACE</b> (please mark with a X)	AFRICAN	ASIAN	COLOURED	INDIAN	LATINA	WHITE
<b>ID NUMBER</b>						
<b>PASSPORT NUMBER</b> (IF APPLICABLE)						
<b>MOBILE TELEPHONE NUMBER</b>				<b>HOME TELEPHONE NUMBER</b>		
<b>EMAIL ADDRESS</b>						
<b>PERMANENT RESIDENTIAL ADDRESS</b> OF ABOVEMENTIONED GUARDIAN						
<b>PLACE OF WORK</b>				<b>OCCUPATION/JOB TITLE</b>		
<b>PLACE OF WORK ADDRESS</b>						

**SECTION C: 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 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.
  - 1.1. This deposit will be deducted from 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 calendar months' 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 RE-REGISTER 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.**
9. St Patrick's CBC is affiliated to TON Credit Bureau, a registered credit bureau. All account payment profiles, patterns and behavior are recorded monthly with the credit bureau for the purposes as per the National Credit Act.
  - 9.1. I, the undersigned, consent to and authorize St Patrick's CBC, the supplier, service and/or credit provider, as the case may be, to:
    - 9.1.1. Contact, request and obtain information at any time from any supplier, service or credit provider (or potential credit provider) or registered credit bureau in order to assess the behaviour, profile, payment patterns, indebtedness, whereabouts, and creditworthiness of a customer/debtor, and
    - 9.1.2. Provide information about the behaviour, profile, payment patterns, indebtedness, whereabouts, and creditworthiness of a customer/debtor to any registered credit bureau or to any supplier, service or credit provider (or potential credit provider) seeking a trade reference regarding the consumer's/debtor's dealings with the supplier, service, and/or credit provider.

**UNDERTAKING BY PARENT, GUARDIAN OR PERSON RESPONSIBLE FOR FEES:**

I, the undersigned, \_\_\_\_\_ (print name in full), ID/Passport  
Number \_\_\_\_\_, in my capacity as \_\_\_\_\_  
(relationship to pupil) of \_\_\_\_\_ (print name of pupil in full)  
have read, understood and undertake to abide by these regulations in respect of fees.  
Signed: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**SECTION D: 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:

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.

Attendance by pupils at all Life Orientation and Religious Education classes is compulsory.

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 in 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 E: INDEMNITY FORM**

I, the undersigned, \_\_\_\_\_ (print name in full), ID/Passport

Number \_\_\_\_\_, in my capacity as \_\_\_\_\_

(relationship to pupil) of \_\_\_\_\_ (print name of pupil in full)

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 tour, 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.

Signed: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## SECTION F: 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 and Instagram pages, the weekly newsletter, etc. By signing this document, I hereby authorize the following:

1. 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.
2. 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.
3. 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.
4. 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.

Name of legal guardian: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## SECTION G: SUBSTANCE ABUSE POLICY (APPLICABLE TO GRADES 7 - 12)

One of the growing dangers that faces 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, Head of School, Deputy Head of School, Phase/Grade Head and the parents/guardians of the pupil.

## SECTION H: 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 I: 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, the undersigned, \_\_\_\_\_ (print name in full), parent/guardian of \_\_\_\_\_ (print name in full), 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

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



...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 15<sup>th</sup> will include the following month's fees, as fees are due on the 1<sup>st</sup> of each month).

**PUPIL NAME:** \_\_\_\_\_ **GRADE:** \_\_\_\_\_

### PERSON RESPONSIBLE FOR DEBIT ORDER

Name:	
Surname:	
Title:	
ID no:	
Home address:	
Employer:	
Work address:	
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 <sup>st</sup> of the month		15 <sup>th</sup> of the month		25 <sup>th</sup> of the month	

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

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



## 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:

