

ST JOSEPH'S PREPARATORY AND COLLEGE

St Joseph's
PREPARATORY & COLLEGE
Inspiring Greatness

Private School

St. Joseph's School (RF) (PTY) LTD Reg no. 2021/732969/07

Farm 1537, Beacon Bay, East London | 043 050 6757 | admin@sjschool.co.za

APPLICATION FOR ADMISSION TO ST JOSEPH'S PREPARATORY AND COLLEGE - 2024**GRADE APPLIED FOR**

Grade: R 1 2 3 4 5 6 7 8 9 10

First additional language: Afrikaans IsiXhosa (only applicable for Grade 1 to 10)

Stream Selection: Science Stream General Stream (only applicable for Grade 10)

AFTERCARE

Will your child need aftercare? Yes No

SECTION 1: LEARNER'S PERSONAL DETAILS

Surname _____

First name/s as on Birth Certificate _____

Date of Birth

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

ID Number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Age _____ Gender Male Female

Home Language _____

Number of children in family _____

Position of child in family _____

Religion _____

Nationality _____ Country of Origin _____

Race African Asian Coloured Indian White Other Residence Parents Guardians

Address at which the child resides _____

Transport to/from school Motor vehicle Motorbike Bus Taxi Bicycle Walk

Learner's Cell Phone Number _____ Learner's Email Address _____

ID photo
here**SECTION 2: LEARNER'S EDUCATION DETAILS**

Current School _____

Physical Address _____ Province _____

Postal Code _____ Country _____

Name of Principal _____ Current Grade _____ Grade/s Repeated (if any) _____

Reason (if applicable) _____

Academic Achievements

Extracurricular Achievements

Other Achievements

SECTION 2: LEARNER'S EDUCATION DETAILS (CONTINUED)

BARRIERS TO LEARNING

Does the student have any of the following barriers to learning?

Attention Deficit Disorder	Yes	No	Partially Sighted	Yes	No
Autistic Spectrum Disorder	Yes	No	Physically Disabled	Yes	No
Behavioural Disorder	Yes	No	Reading Difficulties	Yes	No
Cerebral Palsy	Yes	No	Numeric Difficulties	Yes	No
Deaf/Blind	Yes	No	Language Difficulties	Yes	No
Epilepsy	Yes	No	ADD with Hyperactivity	Yes	No
Difficulty Hearing	Yes	No	Other:	Yes	No
Intellectual Disability	Yes	No			

If you have replied YES to any of the above, kindly provide details:

(The school reserves the right to request an independent report where deemed necessary)

SECTION 3: LEARNER'S MEDICAL DETAILS

Blood Type	O+	O-	A+	A-	AB+	AB-	B+	B-	Unknown										
Family Doctor	Name _____					Tel No _____													
	Address _____							Code _____											
Medical Aid	Name _____				Member Number _____														
	Main Member Name and Surname _____																		
	Main Member ID Number				<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>														
	Option _____																		

Has the learner received all the necessary immunisations? If no, please state reason. Yes No

Reason _____

Has the learner suffered from any of the following illnesses? Please indicate with an X.

ASTHMA	ENTERIC FEVER	MEASLES	SCARLET FEVER
CHICKEN POX	GERMAN MEASLES	MUMPS	TICKBITE FEVER
DIABETES	HEPATITIS	POLIO	TYPHOID FEVER
DIPHThERIA	MALARIA	RHEUMATIC FEVER	WHOOPING COUGH

Does the learner suffer from any allergies? Yes No

If yes, please provide details.

Does the learner have any special medical needs? Yes No

If yes, please provide details.

SECTION 3: LEARNER'S MEDICAL DETAILS (CONTINUED)

Has the learner suffered from any other illnesses or disabilities? Yes No
If yes, please provide details.

Has the learner suffered from or received treatment for any psychological or emotional distress? If yes, please provide details. Yes No

Is the learner receiving medical treatment for any condition? Yes No
If yes, please provide details.

Has the learner had any operations? Yes No
If yes, please provide details.

Please specify any other relevant medical details.

SECTION 4: LEARNER'S MEDICAL DETAILS - CONSENT

Please note that in the event of a medical emergency, there might not be enough time to refer to the learner's file. In this event, the school reserves the right to make use of the quickest medical service available.

I, _____ the parent / legal guardian of _____
hereby confirm that a medical practitioner may provide the necessary medical treatment in the event of an emergency.

Signature of parent / legal guardian _____

SECTION 5: DETAILS OF THE PERSON RESPONSIBLE FOR THE SCHOOL FEES

Surname _____ Full Names as in ID Document _____

Designation _____ MR MRS MISS DR REV PROF OTHER

Identity Number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Relationship _____ Marital Status _____

Occupation _____ Employer _____

Gross Annual Income _____ Gross Annual Household Income _____

Residential Address	Work Address	Postal Address
_____	_____	_____
_____	_____	_____
_____	_____	_____

Tel. (H) _____ Tel. (W) _____ Cell _____

Email Address (please write legibly) _____

Payment Option Monthly Annual Fees
 Debit Order in Advance

SECTION 6: PERSONAL DETAILS OF FATHER

Surname	Full Names as in ID Document				
Designation	MR	DR	REV	PROF	OTHER
Identity Number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>				
Marital Status	_____				
Occupation	Employer _____				
Residential Address	Work Address	Postal Address			
_____	_____	_____			
_____	_____	_____			
_____	_____	_____			
Tel. (H)	Tel. (W)	Cell			
_____	_____	_____			
Email Address (please write legibly)	_____				
Parental status	Learner living with father	Learner's legal guardian	Access rights to learner	Access rights in an emergency only	

SECTION 7: PERSONAL DETAILS OF MOTHER

Surname	Full Names as in ID Document					
Designation	MRS	MISS	DR	REV	PROF	OTHER
Identity Number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>					
Marital Status	_____					
Occupation	Employer _____					
Residential Address	Work Address	Postal Address				
_____	_____	_____				
_____	_____	_____				
_____	_____	_____				
Tel. (H)	Tel. (W)	Cell				
_____	_____	_____				
Email Address (please write legibly)	_____					
Parental status	Learner living with mother	Learner's legal guardian	Access rights to learner	Access rights in an emergency only		

SECTION 8: PERSONAL DETAILS OF GUARDIAN

Surname	Full Names as in ID Document																		
Designation	MR	MRS	MISS	DR	REV	PROF	OTHER												
Identity Number	<table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>																		
Relationship	Marital Status																		
Occupation	Employer																		
Residential Address	Work Address	Postal Address																	
Tel. (H)	Tel. (W)	Cell																	
Email Address (please write legibly)																			

SECTION 9: EMERGENCY CONTACT DETAILS

Surname	Full Names	
Relationship		
Tel. (H)	Tel. (W)	Cell
Email Address (please write legibly)		
Additional Emergency Name	Cell	

SECTION 10: UNDERTAKING BY THE PARENT, LEGAL GUARDIAN, AND/OR THE PERSON RESPONSIBLE FOR THE SCHOOL FEES

We, the undersigned parents/guardians, hereby declare that the information provided in the application for admission is true, accurate and complete. We understand that enrolment is subject to, inter alia, signing a learner admission contract that contains the detailed terms and conditions.

We further consent to the processing of personal information, including that of the learner, on the express understanding that:

1. This constitutes my/our consent, as required under the Protection of Personal Information Act 4 of 2013 ("POPI").
2. The personal information shall be processed inter alia for evaluation of this application and the administration of the contract between us and St Joseph's Preparatory and College.

Signature of person responsible for school fees	Date
Signature of learner's father	Date
Signature of learner's mother	Date
Signature of learner's guardian	Date

SECTION 11: SURVEY

Where did you hear about us? Please indicate with an X.

BILLBOARD	NEWSPAPER	MAGAZINE	RADIO
PRESENTATION	BROCHURE	FLYER	EXHIBITION
FRIEND	WEB	SOCIAL MEDIA	OTHER / SPECIFY

Please indicate how satisfied you were with the service received pre-enrolment.

VERY SATISFIED	SATISFIED	UNSATISFIED	VERY UNSATISFIED
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Was the information received pre-enrolment:

RELEVANT	INFORMATIVE	SUFFICIENT
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If not, please provide further details.

SECTION 12: CHECKLIST

The following supporting documents should be attached to your application:

- Certified copy of the learner's birth certificate
- Certified copy of the learner's latest progress report
- Copy of learner's immunisation record if available
- Certified copy of learner's study permit if foreigner
- Certified copy of father's ID
- Certified copy of mother's ID
- Certified ID copy of the person responsible for the school fees
- Copies of latest 3 months payslips of the person responsible for the school fees
- Copies of latest 3 months bank statements of the person responsible for the school fees
- Two ID photos of the learner in current school uniform (One ID photo to be pasted on page one)
- Proof of payment of R300 non-refundable application fee

BANKING DETAILS

Account Name	St Joseph's Preparatory & College
Bank	First National Bank
Account Number	62928231042
Branch Code	211021
Reference	Learner's Full Name