APPLICATION NUMBER: _____

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 - 2027

GRADE APPLIED FOR RRR RR R 1 2 3 4 5 6 7 8 9 10 11 12

First additional language: Afrikaans IsiXhosa **(only applicable for Grade 1 to 12)**

AFTERCARE

Will your child need aftercare? Yes No

SECTION 1: LEARNER'S PERSONAL DETAILS

Surname _____ First name/s as on Birth Certificate _____

ID photo here

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 _____

Do you have any siblings at St Joseph's? Yes No Religion _____

Sibling Name: _____ Grade: _____ Country of Origin _____

Race African Asian Coloured Indian White Other Residence Parents Guardians

Are you receiving Social Grant? Yes No Nationality: _____

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 _____

SECTION 2: LEARNER'S EDUCATION DETAILS

Current School _____

Previous Schools _____

Physical Address _____ Province _____

Postal Code _____ Country _____

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

Reason (if applicable)

Academic Involvement	Extracurricular Involvement	Other Involvement

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 ☐☐☐☐☐☐☐☐☐☐☐☐☐

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?
If yes, please provide details. Yes | No

_____

_____

Does the learner have any special medical needs?
If yes, please provide details. Yes | No

_____

_____

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 Debit Order | Annual Fees in Advance

SECTION 6: PERSONAL DETAILS OF FATHER

Surname _____ Full Names as in ID Document _____

Designation | MR | DR | REV | PROF | OTHER |

Identity Number | | | | | | | | | | | | | |

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 | | | | | | | | | | | | | |

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 | | | | | | | | | | | | | |

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

Was the information received pre-enrolment:

- ☐ RELEVANT
- ☐ INFORMATIVE
- ☐ SUFFICIENT

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)
- ☐ Latest School Fee Statement
- ☐ 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