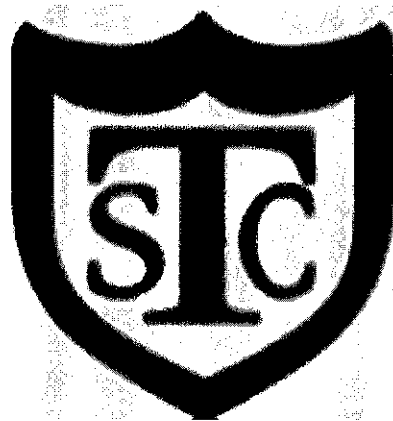


# ST THERESA'S CONVENT SCHOOL

FOR GOD



IN

PEACE & JOY

**APPLICATION FOR ADMISSION**

**2019**

Child's Name: \_\_\_\_\_

Grade applying for: \_\_\_\_\_

**APPLICATION FOR ADMISSION TO SCHOOL**

**ST THERESA'S CONVENT SCHOOL**

14 RIVERSDALE STREET

Telephone: 011 - 4777811

JOHANNESBURG

Fax: 011 - 8731814

2092

Year: \_\_\_\_\_



**Note:** This form must be completed in full. All changes to be initialed or signed by parent / guardian. Completing the form does not necessarily mean that the learner has been accepted into the school.

Grade Applied For:	Highest Grade Passed:	Year When Grade was passed:	Accession No.:
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Surname:	Initials:	Nick Name:
First Name:	Other Names:	
Date Of Birth: YYYY MM DD	Gender:	Male: Female:
Race:	Identification or Passport No:	
Country of Residence:	Citizenship:	
If SA, indicate province of residence:		

Physical Address:	Home Telephone:
City/Suburb	Emergency Telephone:
Code:	Learner Cell:
Learner Email Address:	
Home Language:	Preferred Language of Instruction:
Boarder: Yes No	
Deceased Parent: Mother Father Both	Mode of transport:
Religion:	For Grade 1 only: Indicate pre-primary education: None Non Formal Formal

**Previous School Information**

Name of Previous School:
Previous School Address:
Code: Province: Country:

**Learner Medical Information**

Medical Aid Number:	Medical Aid Name:
Medical Aid Main Member:	Doctor Name:
Doctor's Address:	Doctor Telephone Number:
Medical Condition:	
Special Problems Requiring Counseling:	
Dexterity of Learner: Right Handed Left Handed Ambidextrous	Reg. Social Grant YES NO: Rec. Social Grant YES NO:

**If the learner is accepted, the following documents must be submitted to the school:**

1. Copy of Immunisation Records.	2. Copy of Birth Certificate
3. Progress Report from Previous School	4. Transfer Letter from Previous School

**APPLICATION FOR ADMISSION TO SCHOOL**

<b>Siblings</b>			
Number of other Children at this school:	<input type="text"/>	Position in the family (e.g first):	<input type="text"/>
Please supply full names below:			
Name:	<input type="text"/>	Grade:	<input type="text"/>
Name:	<input type="text"/>	Grade:	<input type="text"/>
Name:	<input type="text"/>	Grade:	<input type="text"/>

<b>Parent / Guardian Information</b>		Complete a SEPARATE parent form for each parent living at a different physical address	
Title:	<input type="text"/>	Initials:	<input type="text"/>
Surname:		<input type="text"/>	
First Name:	<input type="text"/>	Gender:	Male: <input type="checkbox"/> Female: <input type="checkbox"/>
Home Language:	<input type="text"/>	Race:	<input type="text"/>
Identification Number:	<input type="text"/>	Or Passport number	<input type="text"/>
Account Payer:		Yes	<input type="checkbox"/> No <input type="checkbox"/>
Residential Street Address:			
<input type="text"/>		City/Suburb	<input type="text"/>
		Code:	<input type="text"/>
Occupation:	<input type="text"/>	Employer:	<input type="text"/>
Surname of Spouse:	<input type="text"/>	First Name:	<input type="text"/>
Occupation of Spouse:	<input type="text"/>	Learner resides with this parent/s	Yes <input type="checkbox"/> No <input type="checkbox"/>
Spouse ID Number:	<input type="text"/>	Relationship to Learner:	<input type="text"/>
Marital status of parent:			

<b>Correspondence Details</b>			
Title:	<input type="text"/>	Surname:	<input type="text"/>
Postal Address:			
<input type="text"/>		City/Suburb	<input type="text"/>
		Code:	<input type="text"/>

<b>Other Contact Details</b>			
Home Telephone	<input type="text"/>	Work Telephone	<input type="text"/>
Fax Number :	<input type="text"/>	Cell Number :	<input type="text"/>
Spouse Work Telephone Number:	<input type="text"/>	Spouse Cell Number :	<input type="text"/>
E-Mail Address:	<input type="text"/>	Spouse E-Mail Address:	<input type="text"/>

I hereby declare that to the best of my knowledge, the above information as supplied is accurate and correct.

Name of Parent / Guardian (Please Print ) : \_\_\_\_\_

Signature of Parent / Guardian \_\_\_\_\_

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

<b>Office use only:</b>			
1. Date:	<input type="text"/>	2. Accepted:	<input type="text"/>
3. Accession Number:		<input type="text"/>	
4. Rejected:	<input type="text"/>	5. Reason for Rejection:	
6. Documentation Received:		6a. Immunisation Record:	6b. Birth Certificate:
<input type="text"/>		<input type="text"/>	<input type="text"/>
6c. Progress Report from Previous School:		6d. Transfer Letter from Previous School:	
<input type="text"/>		<input type="text"/>	