



## ST FRANCIS COLLEGE

## LEARN TO LIVE

## REGISTRATION FORM

Name of student (Surname) \_\_\_\_\_ (First names) \_\_\_\_\_ ID No. \_\_\_\_\_

Gender \_\_\_\_\_ Date of birth: Day \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

Date of entry Day \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_ Grade \_\_\_\_\_ Campus \_\_\_\_\_

First language \_\_\_\_\_

Other languages spoken \_\_\_\_\_

Nationality \_\_\_\_\_

Religious affiliation \_\_\_\_\_

## SECTION B: PARENTS' INFORMATION

	Parent 1
Relationship to student	
Surname	
First name	
ID Number	
Title	
Marital status	
Nationality	
Home telephone number	
Work telephone number	
Cellular number	
Email address	
Postal address	
Physical Address	
Post code	
Occupation	
Employer's name	
Employer's address	
Post code	

[illegible]

## SECTION C: PUPIL'S EDUCATIONAL DATA

Currently studying in Year \_\_\_\_\_ or Grade \_\_\_\_\_ or Standard \_\_\_\_\_

Name of current school \_\_\_\_\_ Place \_\_\_\_\_

Name of Principal \_\_\_\_\_ Telephone number \_\_\_\_\_

Permission to request details from Principal	Yes	No

Other schools attended \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

\_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_



Independent Schools Association of Southern Africa

Quality Values Diversity

## SECTION D: MEDICAL INFORMATION

Family Doctor \_\_\_\_\_ Telephone number \_\_\_\_\_

Name of medical scheme \_\_\_\_\_ Telephone number \_\_\_\_\_

Name of alternate contact person for emergencies \_\_\_\_\_

Relationship to child \_\_\_\_\_ Telephone number \_\_\_\_\_

If your child takes any medications, has serious allergies/pre-existing medical conditions/issues at birth (please supply information on the attached form) \_\_\_\_\_

## SECTION E: FAMILY DETAILS - Other siblings at St Francis College

Name	Position in family	Age

**The Registration Fee (non refundable) of R750 should accompany this application form.**

**Banking details: Standard Bank, Humansdorp, Current acc, Branch code: 050015, Account no: 281411158**

## CONDITIONS OF ADMISSION

I agree that by signing this contract, I have received a full copy of this contract and have read, understand and am willing to abide by the conditions below:

- During school hours when the learner is in school, the Principal (or Head of Department in his/her absence) acts in *Loco Parentis (in place of the parents)*. This is important in case of illness or emergency.
- The learner must obey the rules of the school.
- The learner must wear the uniform to school every day.
- I accept the decision of the Principal (or Head of Department in his/her absence) in all matters relating to school organisation and discipline.
- The learner is expected to participate in school activities.
- If the learner is ill or unable to attend school, the school must be notified immediately and a letter signed by the mother, father or guardian must be produced on return to school stating the reasons for absence.
- School fees
  - A deposit must be paid to the school when the child is accepted.
  - According to the school's debtors policy school fees must be paid at the beginning of the year, at the beginning of each term or as arranged with the school administration.
  - The school reserves the right to change the fees.
  - Failure to pay school fees will mean that the child will not be able to attend the school.
- One term's notice must be given in writing if the learner is to be taken out of the school and all fees and any other outstanding money owing to the school must be paid up to date of exclusion. If such notice is not possible, all outstanding fees and other monies must still be paid to the school, even though the learner is no longer attending the school.**
- Parents are asked to support the school at all times.
- I agree to communicate with the school on matters relating to my child.

## USE OF PHOTOGRAPHIC MATERIAL

By entering into this contract, and unless I instruct the school in writing to the contrary, I give the school consent to include photographs and videos, with or without the name of my child, in school publications, or in press releases to celebrate the school's or my child's activities, achievements or successes.

.....  
Mother's signature      Date      Place      Father's signature      Date      Place

**PLEASE POST FORMS TO: ST FRANCIS COLLEGE, PO BOX 398, ST FRANCIS BAY, 6312**

Please note that a debenture, the amount to be determined, may be payable when the school is built.

## For Office Use

### METHOD OF PAYMENT

	Cash	Cheque	Bank transfer	Date	Receipt number
Registration					
Deposit					
Fees					