

REGISTRATION FORM

SECTION A: PUPIL'S INFORMATION

Name of student (Surname) _____ (First names) _____ ID No. _____

Gender _____ Date of birth: Day _____ Month _____ Year _____

Gmail of grade 1 to 7 learners: _____ to be used for the communication of ICT programmes and coding courses.

Date of entry Day ____ Month _____ Year _____ Grade _____

Home language _____ Other languages spoken _____

Nationality _____ Religious affiliation _____

SECTION B: PARENTS' INFORMATION

	Parent 1	Parent 2
Relationship to student		
Surname		
First name		
ID Number		
Title		
Marital status		
Nationality		
Cellular number		
Email address		
Postal address		
Physical address		
Postal code		
Occupation		
Work telephone number		
Employer's name		
Employer's address		

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

Previous schools attended _____ From _____ To _____
 _____ From _____ To _____

SECTION D: MEDICAL INFORMATION

Family Doctor _____ Telephone number _____

Name of medical scheme _____ Medical 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

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:

1. 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.
2. The learner and parents must obey and follow the code of conduct of the school.
3. The learner must wear the uniform to school every day.
4. I accept the decision of the Principal (or Head of Department in his/her absence) in all matters relating to school organisation and discipline.
5. The learner is expected to participate in school activities.
6. 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.
7. School fees
 - 7.1 A deposit must be paid to the school when the child is accepted.
 - 7.2 According to the school's debtor's 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.
 - 7.3 The school reserves the right to change the fees.
 - 7.4 Failure to pay school fees will mean that the child will not be able to attend the school.
8. **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.**
9. Parents are asked to support the school at all times.
10. I agree to communicate with the school on matters relating to my child.
11. **PERMISSIONS**
 By entering into this contract, and unless I instruct the school in writing to the contrary, I give the school consent to:
 - 11.1 share our names and telephone numbers within our child's class groups. This is to assist with communication, class assignments and social arrangements within the class.
 - 11.2 **Use of photographic material** - 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.

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

PLEASE SUBMIT FORMS TO THE SCHOOL OFFICE OR EMAIL TO info@stfranciscollege.co.za

For Office Use

METHOD OF PAYMENT

	Cash	Card	Bank transfer	Date	Receipt number
Registration					
Deposit					
Fees					