



SAINT PETER CHRISTIAN COLLEGE ADMISSION APPLICATION

Name and Surname: _____

Applying for Grade: _____ Year: _____

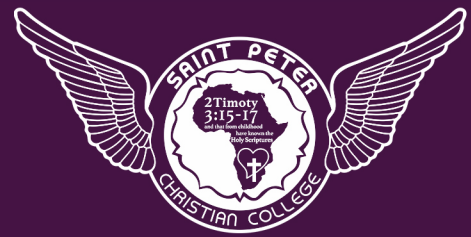
Steps to follow:		In order
1. Submission of documents		
a. Birth Certificate		
b. Clinic Card		
c. Proof of address		
d. Progress report of previous school		
e. I.D copy of accountable person		
f. Application form completed		
g. Pay Slip		
h. 3 Months Bank Statement		
2. Administrator		
3. HOD		
4. Principal		
Final Result	Approved	Not Approved

APPLICATION FOR ADMISSION TO SCHOOL

SAINT PETER CHRISTIAN COLLEGE

2008 DR MANDELA DRIVE
MIDDELBURG
1053

Telephone: 013 - 241 1212
Fax: 013 - 241 2735
Year: _____



NOTE: This form must be completed in full. All changes to be initiated 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 Resident:	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: None Formal: Formal:

Previous School Information

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

Learner Medical Information

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

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

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

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Siblings

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"/>

Parent / Guardian Information 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 or Passport No:	<input type="text"/>	Account Payer:	YES: <input type="checkbox"/> NO: <input type="checkbox"/>		
Residential Street Address:					
	City/Suburbs:		Code:		
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:	YES: <input type="checkbox"/> NO: <input type="checkbox"/>		
Spouse ID Number:	<input type="text"/>	Relationship with Learner:	<input type="text"/>		
Marital Status of parent:					

Correspondence Details

Title:	<input type="text"/>	Surname:	<input type="text"/>
Postal Address:			
	City/Suburbs:		Code:

Other Contact Details

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"/>
Email Address:	<input type="text"/>	Spouse Email 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: -----/-----/-----

Office use only

1. Date:	2. Accepted:	3. Accession Number:
4. Rejected	5. Reason for Rejection	
6. Documentation Received	6a Immunisation Record	6b Birth Certificate
6c Progress Report from Previous School	6d Transfer Letter from Previous School	