



**SACRED HEART COLLEGE**  
EDUCATION WITH HEART THAT KNOWS NO BOUNDS

# PRIMARY SCHOOL Intermediate Phase

APPLICATION FOR ADMISSION

What is your name?

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What is your surname?

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What are the names of your mother, father  
and/or guardian?

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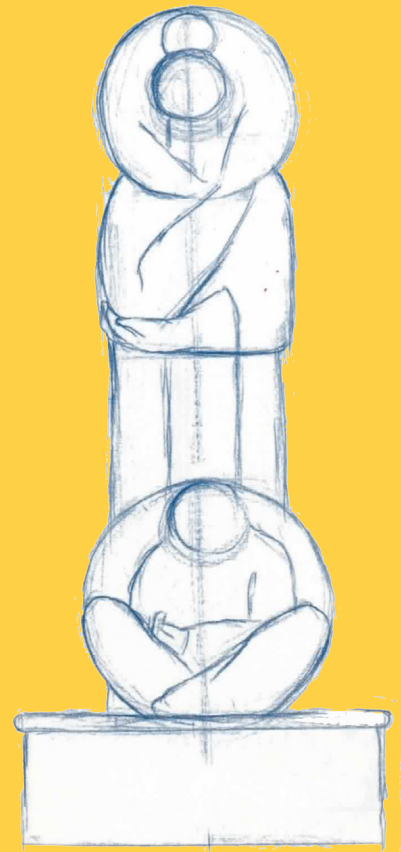
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What grade are you applying for?

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What year are you applying for?

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*Simplicity*

*Presence*

*Family Spirit*

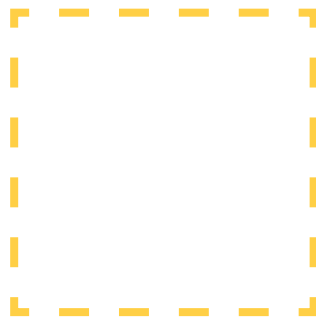
*Love of Work*

*In the Way  
of Mary*

# ALL ABOUT YOU



Paste a picture of yourself here:



When is your birthday? \_\_\_\_\_

How old are you now? \_\_\_\_\_ How old will you be when you join us? \_\_\_\_\_

Draw a circle around the boy or the girl to show which one you are.



Tell us more about yourself.

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Where do you live?

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# ALL ABOUT YOU



## TELL US ABOUT HOW YOU ARE DOING AT SCHOOL

What percentage did you get for the following subjects last term?

Reading: \_\_\_\_\_ Writing: \_\_\_\_\_ Mathematics: \_\_\_\_\_

What school are / were you at? \_\_\_\_\_

Have you received any awards or compliments from your teachers? Please tell us about them.

\_\_\_\_\_  
\_\_\_\_\_

Tell us about one of your friends at school.

\_\_\_\_\_  
\_\_\_\_\_

Do you have any brothers and/or sisters at Sacred Heart College? \_\_\_\_\_

What are their names? \_\_\_\_\_

What grades are they in? \_\_\_\_\_

Do you have any brothers and/or sisters at other schools? \_\_\_\_\_

What schools are they at? \_\_\_\_\_

## ALUMNI\*

Do you know anybody who used to come to Sacred Heart College?

Parent ☐ Grandparent ☐ Uncle / Aunt ☐ Sibling ☐ Friend ☐ Family Member ☐ Other ☐

What is his/her name? \_\_\_\_\_

When was he/she at Sacred Heart College? \_\_\_\_\_

What house were they in? Benedict ☐ Geddes ☐ O'Leary ☐ Valerian ☐

What is he/she doing now? \_\_\_\_\_

What is his/her cellphone number or email address? \_\_\_\_\_

Parent ☐ Grandparent ☐ Uncle / Aunt ☐ Sibling ☐ Friend ☐ Family Member ☐ Other ☐

What is his/her name? \_\_\_\_\_

What house were they in? Benedict ☐ Geddes ☐ O'Leary ☐ Valerian ☐

When was he/she at Sacred Heart College? \_\_\_\_\_

What is he/she doing now? \_\_\_\_\_

What is his/her cellphone number or email address? \_\_\_\_\_

THIS IS FOR YOUR PARENTS TO FILL IN

\*Latin for Past Pupil

# MY FAMILY AND FRIENDS

This section is for your parents to fill in



IMPORTANT: THIS IS FOR YOUR PARENTS TO FILL IN

## PARENT / GUARDIAN 1

Relationship to applicant / learner \_\_\_\_\_ Name \_\_\_\_\_

Title \_\_\_\_\_ Male / Female \_\_\_\_\_ Marital Status \_\_\_\_\_ Ethnic Group \* \_\_\_\_\_

Home Language \_\_\_\_\_ Religious Affiliation \_\_\_\_\_

ID Number \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

WorkTel \_\_\_\_\_ HomeTel \_\_\_\_\_ Cell No \_\_\_\_\_

Work Email \_\_\_\_\_

Work Address \_\_\_\_\_

Expertise/Knowledge that I (parent/guardian) am able to offer to the school

\_\_\_\_\_

\_\_\_\_\_

## PARENT / GUARDIAN 2

Relationship to applicant / learner \_\_\_\_\_ Name \_\_\_\_\_

Title \_\_\_\_\_ Male / Female \_\_\_\_\_ Marital Status \_\_\_\_\_ Ethnic Group \* \_\_\_\_\_

Home Language \_\_\_\_\_ Religious Affiliation \_\_\_\_\_

ID Number \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

WorkTel \_\_\_\_\_ HomeTel \_\_\_\_\_ Cell No \_\_\_\_\_

Work Email \_\_\_\_\_

Work Address \_\_\_\_\_

Expertise/Knowledge that I (parent/guardian) am able to offer to the school

\_\_\_\_\_

\_\_\_\_\_

\* This information is used purely for record purposes

## ADDITIONAL CONTACT

Name \_\_\_\_\_ Relationship to applicant/learner \_\_\_\_\_

Title \_\_\_\_\_ Male/Female \_\_\_\_\_ Marital Status \_\_\_\_\_ Ethnic Group \_\_\_\_\_

ID Number \_\_\_\_\_ Occupation \_\_\_\_\_

Employer \_\_\_\_\_ WorkTel \_\_\_\_\_ HomeTel \_\_\_\_\_

Work Email \_\_\_\_\_ Fax \_\_\_\_\_

Home Address \_\_\_\_\_

# IMPORTANT

This section is for your parents to fill in



## MEDICAL INFORMATION

Your Doctor's name

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Your Doctor's number

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Allergies

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Medical Aid

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Medical Aid number

---

Beneficiary number

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## IF YOU ARE NOT A SOUTH AFRICAN CITIZEN

Country of origin

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Passport number

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Date of entry into South Africa

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Does your child have a study permit?

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## HOW DID YOU FIND OUT ABOUT SACRED HEART COLLEGE?

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# INSTRUCTIONS

1. This is only an application form. Sacred Heart College reserves the right to accept or reject this application. The information requested in this form is held in the strictest confidence.

Certified copies of the following documents must accompany this application.

- 2.1. The Identity Documents of the parent(s)/ guardian(s)
- 2.2. The Identity Document or Birth Certificate of the applicant (learner)
- 2.3. Immunization card of the applicant
- 2.4. The latest annual and termly reports of the learner from his/her current school
- 2.5. The relevant visa, date of entry stamp and front page of a passport (only for foreign learners)
- 2.6. If Catholic, a Baptismal Certificate
- 2.7. Last 3 months' bank statements
- 2.8. Last 3 months' payslips

3. Once the application form (and all relevant documentation) has been submitted, it becomes the property of Sacred Heart College and will not be returned.

4. A passport-size photograph of the applicant must be pasted on this form.

5. A non-refundable application fee is required when the application is made.

6. If the applicant is accepted, a non-refundable placement fee is required to confirm acceptance of the offer.

7. Please fill in all sections of the form.

8. Please use block capitals and black ink when filling in the form.

## CHECK-LIST

Please check each of the boxes to ensure that you have supplied us with the following:

The latest annual and termly reports of the learner from his/her current school

☐

Copies of the Identity Documents of the parents / guardians

☐

Copy of the Identity Document or Birth Certificate of the applicant (learner)

☐

If Catholic, a copy of a Baptismal Certificate

☐

Copy of immunisation card

☐

Last 3 months bank statements

☐

Last 3 pay slips

☐☐

### FOREIGN LEARNERS

The relevant Visa

☐

Date of entry stamp

☐

Copy of a student permit

☐

Copy of the front page of a passport and date of entry stamp

☐

# IMPORTANT

This section is for your Parents / Guardians to fill in



## LEGAL DECLARATION\*

I, (full name) \_\_\_\_\_, the undersigned, currently residing at (insert full residential address) \_\_\_\_\_ do hereby, subject to the following terms and conditions, apply for the admission of (full name of learner) \_\_\_\_\_ as a learner at Sacred Heart College.

1. I declare that I am the legal guardian of the learner whose details appear on this application form.
2. I confirm that all the particulars that I may furnish or that have been furnished on this application form shall, to the best of my knowledge and belief, be full, true and accurate in every respect.
3. I have read, understood and agree to abide by the policies of the College as published in the College Diary and on the website each year.
4. I hereby undertake to abide by and comply with all the rules and regulations of the College, and I hereby acknowledge that I have to make myself familiar with all the rules of the College. I also agree to encourage my child to do the same and support the school in its endeavour to apply and enforce these rules.
5. My child has undertaken to participate in the co-curricular activities at the College. I undertake to support him/her in these activities.

During the course of the year, we regularly take pictures of the children involved in the activities of the school for use in our newsletters and school magazine. Occasionally, we also use some pictures in our brochures and adverts. From time to time, we agree to requests by external film makers and television agencies to film the school activities or use the property for filming. By signing below, you agree to the school making use of images and video of your child in this way, in its sole discretion. When exercising this discretion, the school will seek to avoid impinging on your child's modesty or presenting your child in a negative light. When the College chooses to use images for marketing purposes, or allows external agencies to do so, (as opposed to using pictures in newsletter and the school magazine or other similar media; or in the course of filming ordinary school activities) reasonable steps will be taken to secure your permission prior to the images being used in this way.

### PAYMENT OF FEES

1. I hereby assume absolute responsibility for the payment of any fees and charges that may fall due as a result of the admittance to Sacred Heart College of the learner whose details appear on this application form.
2. I acknowledge that school fees are payable in advance and that there are various payment options offered by the College.
3. I acknowledge that a term's notice in writing or an equivalent fee is required before the withdrawal of the learner from the College.
4. I acknowledge that should I default on any agreement reached which determines the schedule of payment below, then the whole balance outstanding shall immediately become due and payable by me and that no indulgence or grant of time by Sacred Heart College shall be deemed a waiver of its rights hereunder.
5. I choose the residential address set out below as my *domicillium citandi et executandi* for the service on me by the College of all notices, processes and other communications.
6. I hereby agree in terms of section 45 of the Magistrates' Courts Act no 32 of 1944 that the College shall, as its option, be entitled to institute any legal proceedings for the recovery of any monies owing by me to the College in any Magistrate's Court having jurisdiction in respect of such proceedings in terms of Section 28 of the Act.
7. I hereby consent that the College, or its appointed agents, may carry out a credit enquiry and may transmit details to the credit bureau of how I have performed in meeting my obligations in terms of this agreement and, in the event that I fail to meet my obligations, may record my non-performance with the application credit bureau.

Signed at \_\_\_\_\_ on \_\_\_\_ / \_\_\_\_ / 20 \_\_\_\_

Full Name: \_\_\_\_\_

ID Number: \_\_\_\_\_ Signature: \_\_\_\_\_

Important note: this section must be filled in if the person responsible for the payment of school fees is not the same as the Guardian who signed above

Address:	Telephone (Home):	Work Number:
Telephone (Cellular):	Fax:	Email:

Signed at \_\_\_\_\_ on \_\_\_\_ / \_\_\_\_ / 20 \_\_\_\_

Full Name: \_\_\_\_\_

ID Number: \_\_\_\_\_ Signature: \_\_\_\_\_

\*(the fine print, but not as long as the one on google)



# INDEMNITY FORM

This section is for your Parents / Guardians to fill in



The following indemnity form, if signed, gives your consent for your child to participate in all school excursions, sports matches and activities for the duration of your child's stay at this school.

It is critical that this section be completed as fully as possible. The College **MUST** be informed of any serious or potentially life-threatening conditions or allergies and, if necessary, a management plan must be discussed with the College Nurse. Please note that if you do not want your child to go on a particular excursion, or participate in sports matches/activities, you may naturally exercise this option by informing the school Principal in writing prior to the event.

**EVERY CARE WILL BE TAKEN TO ENSURE THE SAFETY AND SECURITY OF YOUR CHILD ON EDUCATIONAL OR SPORTS EVENTS AND OUTINGS.**

The following information is **CRITICAL** in case of Medical Treatment or Hospitalisation.

I hereby give permission for (NAME) \_\_\_\_\_

Doctor:		<p>to participate under the supervision of the school, in all educational excursions and or co-curricular activities while he/she remains a learner of Sacred Heart College.</p> <p>I hereby indemnify the school, its agents, representatives and educators against any claim or demand arising from the death or injury to my child or any loss or damage of property, arising from, my my child's participation in any such sporting or co-curricular activities, tours and excursions. I accept that all reasonable precautions will be taken to ensure the safety and welfare of my child.</p> <p>I agree that, if in the opinion of the Head of College (or a delegated deputy) an emergency has arisen and medical treatment be deemed necessary for my child, the Head of College (or a delegated deputy) shall be empowered to authorise any medical treatments on my behalf. I accept responsibility for the payment of any medical and/or hospital accounts where applicable.</p> <p>Unless otherwise stated below, my child is physically capable of participating in sporting and co-curricular activities and is in good health.</p>
Telephone Number:		
Medical Aid:		
Medical Aid Number:		
Main Member:		
Personal Information		
Parent/Guardian Name:		
ID Number:		
Work Tel:		
Cell Number:		
In an emergency, contact:		

Please state aspects that teaching staff should be aware of e.g. allergies, tendency towards abnormal bleeding, epilepsy, asthma, etc.

SIGNATURE OF PARENT / GUARDIAN

DATE

I.D NUMBER



## UNDERSTANDING OUR PHILOSOPHY

This application form reflects a commitment to Family Spirit, which is one of the Marist values.

This form is designed to be filled in by the prospective learner with the assistance of his/her parents/guardians.

### SACRED HEART COLLEGE



### MARIST OBSERVATORY



### CONTACT US

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