



# ST GEORGE'S COLLEGE

112 Park Drive, Port Elizabeth 6001  
TEL: +27 41 585 0079 FAX: +27 41 582 1840  
EMAIL: admin@stgeorgescollege.co.za

## Application for Admission

This application is subject to acceptance by St George's College

### The following documents must accompany this application form:

1. Certified copy of Birth Certificate of Pupil.
2. Certified copy of Identity Document of EACH parent and/or guardian.
3. Certified copies of Passport of pupil and EACH parent/and or guardian if not South African citizens
4. Copy of latest report from the learner's present school. If the mid-year report is not available at the time of submission, the previous year's December report should be submitted and the mid-year report to be forwarded as soon as it is available.
5. Certified copy of pupil's Study Permit - if not South African citizen.
6. Letter from Third Party (Employer/Grandparents) confirming responsibility for payment of school fees - if applicable.
7. Written confirmation and reports of any special educational needs of your child known to you.  
(Whether due to neurological barriers, hearing impairments, visual barriers, physical barriers, behavioural or emotional barriers or any other medically assessed special need)

***Your application will not be considered if the above-mentioned documents do not accompany the application form.***

Pupil Name: \_\_\_\_\_

Grade: \_\_\_\_\_

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

Initial: \_\_\_\_\_

**PLEASE USE BLOCK CAPITALS**

1) Surname of learner: \_\_\_\_\_

2) First names of learner: \_\_\_\_\_

3) Learner's preferred name: \_\_\_\_\_ Gender: \_\_\_\_\_

4) ID No (or Passport No. for Non South Africans) \_\_\_\_\_

5) Date of birth: \_\_\_\_\_ Nationality: \_\_\_\_\_

6) Home language (language used most frequently at home) \_\_\_\_\_

7) Date when entry is desired: \_\_\_\_\_ Suggested grade entry: \_\_\_\_\_

8) Name and address of present school: \_\_\_\_\_

Learner's present grade: \_\_\_\_\_ Date of admission to present school: \_\_\_\_\_

9) Please list any other schools attended from Gr 6 upwards: \_\_\_\_\_

10) Present state of health (see attached Health form to be completed) \_\_\_\_\_

11) Religious denomination: \_\_\_\_\_

12) Please fill in learner's siblings' names, ages and school/tertiary education institutions they attend/attended:

Name of Sibling	Age	School of Tertiary Education

13) How did you hear about St George's College? \_\_\_\_\_

Initial: \_\_\_\_\_

14) Parent Information (where relevant, please delete descriptions not applicable)

	Father/Legal Guardian	Mother/Legal Guardian
a) Title and initial	_____	_____
b) Surname	_____	_____
c) First names	_____	_____
d) Date of birth	_____	_____
e) Occupation/profession	_____	_____
f) Identity No.	_____	_____
g) Passport No.	_____	_____
	(non South African)	(non South African)
h) Citizenship	_____	_____
i) Residential address	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____
j) Postal address	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____
Postal code	_____	_____

**PLEASE SPECIFY WHICH ADDRESS IS TO BE USED FOR ACCOUNTS, REPORTS AND CORRESPONDENCE  
(IF MORE THAN ONE, PLEASE SPECIFY)**

k) Telephone (please provide all codes - local and international - if necessary)

Home	_____	_____
Business	_____	_____
Fax	_____	_____
Cell	_____	_____
E-mail	_____	_____

l) Marital Status  
Are the above-mentioned Father/Legal Guardian and Mother/Legal Guardian currently married to each other? Yes  No

Initial \_\_\_\_\_

(If the answer to the above is 'No' or if there is only one parent/legal guardian please complete the following):

Father/ Legal Guardian	Not Applicable	Never Married	Divorced Single	Widowed Single	Widowed Remarried	
<b>YES or NO</b>						
Mother/ Legal Guardian	Not Applicable	Never Married	Divorced Single	Divorced Remarried	Widowed Single	Widowed Remarried
<b>YES or NO</b>						

m) If one parent completes application only, do you have sole custody of the Learner? \_\_\_\_\_

( If 'YES' please provide copy of legal order i.e. relevant page of divorce settlement)

n) For the purpose of the Financial Intelligence Centre Act No 38 of 2001 (FICA) the following is required:

i) Tax reference No. \_\_\_\_\_

ii) Tax domicile \_\_\_\_\_

iii) Copy of service account not more than 3 months old

iv) Name of Applicant's bank \_\_\_\_\_

v) Name of account holder \_\_\_\_\_

vi) Branch code \_\_\_\_\_

vii) Account No. \_\_\_\_\_

o)

	First Person responsible for payment of fees	Second Person responsible for payment of fees
Title & Surname		
First Name		
Home Address		
Postal Address		
Signature		

Initial: \_\_\_\_\_

p) Name and address of two references (one must be a business reference)

(1) \_\_\_\_\_ (2) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 2\_\_\_\_\_

\_\_\_\_\_  
**SIGNATURE OF APPLICANT  
(FATHER/GUARDIAN/CUSTODIAN)**

\_\_\_\_\_  
**SIGNATURE OF APPLICANT  
(MOTHER/GUARDIAN/CUSTODIAN)**

*Delete which not applicable*

Initial: \_\_\_\_\_

**TO BE COMPLETED AND CO-SIGNED**  
**BY THE FATHER\*/MOTHER\*/GUARDIAN\*/CUSTODIAN PARENT**  
**WHO IS NOT THE**  
**ABOVE-MENTIONED APPLICANT**

1. I am the father/mother/guardian/custodian parent of the child referred to in Paragraph 1.
  
2. I have read the contents of the application form and confirm that the contents thereof, as completed by the responsible parent/guardian, are true and correct in all respects.
  
3. I confirm that the responsible parent/guardian is duly authorised to complete and sign the Application form and has done so with my full knowledge and approval. I acknowledge **and accept** liability in terms thereof to be joint and several.
  
4. I hereby grant consent to St George's College to confirm my/our credit rating with a national credit bureau and have completed the attached form.

---

SIGNATURE  
**FATHER\*/MOTHER\*/GUARDIAN\*/CUSTODIAN PARENT**  
*(delete where not applicable)*

Initial: \_\_\_\_\_

**ST GEORGE'S COLLEGE**  
**MEDICAL ADMISSION FORM**

FULL NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_      ENTRY GRADE: \_\_\_\_\_

FULL NAME AND SURNAME: FATHER: \_\_\_\_\_

MOTHER: \_\_\_\_\_

PHONE: H: \_\_\_\_\_ B: \_\_\_\_\_ CELL: \_\_\_\_\_

RESIDENTIAL ADDRESS: \_\_\_\_\_

**MEDICAL AID DETAILS**

NAME OF SCHEME: \_\_\_\_\_ OPTION \_\_\_\_\_

PRINCIPAL MEMBER: \_\_\_\_\_

I.D. NUMBER 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

MEDICAL AID NUMBER: \_\_\_\_\_ DEPENDANT CODE \_\_\_\_\_

***Please note: A copy of both sides of medical aid card, together with a copy of the identity book of the principal member must accompany this form***

**PLEASE SUPPLY THE FOLLOWING VITAL INFORMATION FOR OUR RECORDS**

**DATE OF LAST TETANUS TOXOID INJECTION** \_\_\_\_\_

**ALLERGIES** (Bee stings, medication, etc.) \_\_\_\_\_

**OPERATIONS** (Grommets, tonsillectomy, etc) \_\_\_\_\_

**SERIOUS ILLNESS** (Rheumatic fever, hepatitis, malaria, etc.) \_\_\_\_\_

**PERMANENT CONDITIONS** (Asthma, diabetes, ADHD, etc.) \_\_\_\_\_

**MEDICATION** (prescribed meds - Ritalin, Insulin, Inhaler etc) \_\_\_\_\_

**PSYCHOLOGICAL HISTORY** (Anorexia, depression, etc.) \_\_\_\_\_

**OTHER** \_\_\_\_\_

*(Please supply details on a seperate sheet and all relevant reports, if necessary)*

NAME OF DOCTOR: \_\_\_\_\_ TEL NO. \_\_\_\_\_

NAME OF DENTIST: \_\_\_\_\_ TEL NO. \_\_\_\_\_

**CONSENT TO OPERATE**

I agree that if, in the opinion of the Headmaster or a nominated staff member, an emergency has arisen and the parents cannot be contacted, the Headmaster or staff member nominated by the Headmaster in loco parentis, has authority to permit a Medical Practitioner nominated by him/her to carry out any treatment, or administer a general anaesthetic, or perform any operation that may be considered necessary in the circumstances, on my child.

\_\_\_\_\_  
LEGAL GUARDIAN

DATE: \_\_\_\_\_

Initial \_\_\_\_\_

**ST GEORGE'S COLLEGE**

**FINANCIAL CLEARANCE CERTIFICATE**

(TO BE COMPLETED BY LEARNER'S PRESENT SCHOOL)

Name of learner: \_\_\_\_\_

Name of Person responsible for fee payment: \_\_\_\_\_

ID No. of Person responsible for fee payment: \_\_\_\_\_

Name of School where learner is currently enrolled: \_\_\_\_\_

Annual fees for \_\_\_\_\_ (year) R \_\_\_\_\_

Fees paid to date R \_\_\_\_\_

Fees outstanding R \_\_\_\_\_

Comment: \_\_\_\_\_  
\_\_\_\_\_

This is to certify that the above person has paid the school fees as indicated.

\_\_\_\_\_  
Name of Head/Bursar

\_\_\_\_\_  
Signature of Head/Bursar

\_\_\_\_\_  
Date

**SCHOOL STAMP**

Initial \_\_\_\_\_



**CONSENT FOR CREDIT CHECK**

I, \_\_\_\_\_ [parent]

of \_\_\_\_\_ [name of child/children]

accept that St George's College reserves the right to conduct appropriate credit checks on prospective parents / persons responsible for payment of school fees and requires the consent to do so from the person(s) responsible for payment of fees, in order to consider and process this application.

The applicant hereby acknowledges and agrees that St George's College may:

- a) Perform a credit search on the applicant's record with one or more registered Credit Bureaus when assessing the applicant's application for admission.
- b) Monitor the credit applicant's behaviour by researching his/her record at one or more of the Credit Bureaus.
- c) Use new information and data obtained from the Credit Bureaus.
- d) Record the existence of the applicant's account with any Credit Bureau.
- e) Record and transmit details of how the applicant has performed in meeting his/her financial obligation to the School.

**Father's details :**

ID No : \_\_\_\_\_ RSA ID : YES / NO

Title : \_\_\_\_\_ Surname : \_\_\_\_\_ Full Names : \_\_\_\_\_

Marital status : \_\_\_\_\_

Date of birth : \_\_\_\_\_

Home address : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Postal address : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone : \_\_\_\_\_ (h) \_\_\_\_\_ (w)

Employment : \_\_\_\_\_ [Occupation]

Employer : \_\_\_\_\_ [Employer]

Initial \_\_\_\_\_

**Mother's details :**

ID No : \_\_\_\_\_ RSA ID : YES / NO

Title : \_\_\_\_\_ Surname : \_\_\_\_\_ Full Names : \_\_\_\_\_

Marital status : \_\_\_\_\_

Date of birth : \_\_\_\_\_

Home address : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Postal address : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone : \_\_\_\_\_ (h) \_\_\_\_\_ (w)

Employment : \_\_\_\_\_ [Occupation]

Employer : \_\_\_\_\_ [Employer]

Signature of person(s) responsible for fees

\_\_\_\_\_

\_\_\_\_\_

Date

Initial \_\_\_\_\_

## DECLARATION BY PARENT/S OR GUARDIAN/S

Should the pupil named above be admitted to the St George's College

### A. SCHOOL POLICY

I/We undertake to see that he / she abides by the following:

1. **Compulsory regular attendance on all school days, unless prevented through illness.**
2. Correct wearing of the school uniform, as laid down, and ensuring that no non-regulation items of jewellery, other than a watch and/or Medic Alert disc, are worn with the uniform.
3. His / her responsibility to the school at all times for his / her behaviour in public whether or not he / she is wearing school uniform.
4. The Code of Conduct, constitution and other internal rules.
5. **NO BOY OR GIRL MAY SMOKE OR HAVE IN HIS / HER POSSESSION ANY FORM OF ALCOHOL, NICOTINE, DRUGS OR DANGEROUS WEAPON / ARTICLE WHILE ON SCHOOL PREMISES OR WEARING SCHOOL UNIFORM.**

### B. SEARCH

I/We acknowledge the right of the school authorities to search a pupil or any other articles on school premises should there be a suspicion of the presence of drugs/alcohol, stolen articles or dangerous weapons and accept that any restrictions which this may pose on the right of the pupil are reasonable and necessary for the smooth running of the school and the welfare of all pupils.

### C. SCHOOL FEES

I/We understand

1. that in terms of a resolution adopted by the Governing Council, payment of school fees is compulsory and that I/we as parent/s are liable for such school fees, which liability may be enforced by due process of law in the event of non-payment. I/We declare that I/we am/are in a financial position to pay the school fees as adopted;
2. that payment is to be effected by one of the methods stipulated by the governing body contained in its policy of fees structures;
3. that both parents are jointly and severally liable for payment of such school fees;
4. that any indulgence or extension granted by the school with regard to payment of school fees will not be regarded as a waiver of any of the rights of the school;
5. that in the event of school fees not being paid by the due date, whether by way of monthly instalment or by debit order, such failure on my/our part will cause the whole outstanding balance of the annual school fees then outstanding to become immediately due and payable;
6. that without limiting or detracting from the School's rights to enforce payment of any and all monies due to the School by the Applicant; the School may in its sole discretion:
  - 6.1. refuse the return of the Pupil to the School until school fees are paid up to date.
7. that in the event of the school being obliged to hand over for collection through its attorneys any outstanding school fees, I/we shall be liable for the legal costs incurred by the school for the collection of such outstanding fees on a scale as between attorney and client, including such collection commission which the school may be obliged to pay to its attorneys;

Initial: \_\_\_\_\_

8. that I/we acknowledge that I am aware of and agree to the fact that the a placement fee, as determined from time to time by the Board of Governors, will be paid by me upon acceptance of the pupil is non-refundable and will be forfeited in the event of my cancelling the registration of the pupil.
9. that the Applicant hereby indemnifies the School and its Staff or their authorised agents, against any and all claims arising out of any injury, death, loss, damages, costs or expense, including legal costs, suffered by the Pupil or Applicant during the period of enrolment of the Pupil at the School and whilst the Pupil is at or under the control of the School.

**D. NOTICE**

I/We undertake to give written notice of not less than 1 (one) school quarter in advance of my/our intention to remove the pupil from the school. I/We furthermore acknowledge and undertake to give the notice referred to herein on or before the first day of the last term of school if the pupil is not returning to the school the following year. Should I/We fail to give the notice as required herein, then I/We will be liable to pay a 25% notice fee of the annual school fee for the year (whether paid monthly or annually) in lieu of notice.

**E. EMPLOYMENT DETAILS**

I/We hereby consent to my/our employer/s divulging my/our employment history and details to the school, if and when required.

- F. I/We confirm that I/we have read and fully understand the conditions contained in this application form and certify that the information supplied is correct.

Signed: ..... **Father/Guardian**

Signed: ..... **Mother/Guardian**

Signed: ..... **Witness**

**Date:** .....