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ST. FRANCIS' COLLEGE

Mariannhill Secondary Independent School 170 Abbot Francis Road PO Box 11003 MARIANHILL, 3624

APPLICATION FORM

❖ PLEASE FILL IN THE FORM NEATLY IN BLOCK LETTERS, USING A BLACK PEN.

SURNAME OF APPLICANT:MALE/FEMALE:MALE/FEMALE
FIRST NAME(S):
DATE OF BIRTH:
PLACE OF BIRTH:
IDENTITY NUMBER:
CITIZENSHIP:
LEARNER'S' HOME LANGUAGE (Mother Tongue):
RELIGION (Ibandla Osonta Kulo):
DATE OF BAPTISM/DEDICATION:
POSTAL ADDRESS (Ikheli):
CODE :
RESIDENTIAL ADDRESS (Nihlala kuphi):
CODE :
CURRENT SCHOOL:
GRADE :
LIST OF SUBJECTS:
GRADE APPLIED FOR:
YEAR OF ENTRY: BOARDER/ DAYSCHOLAR: BOARDER/ DAYSCHOLAR:
ANY BROTHER(S)/SISTER(S) AT THE SCHOOL? Please State their Name(s) and Grade(s):

❖ PLEASE COMPLETE PARENTS DETAILS ON PAGE 2

PARENTS DETAILS

FATHER OR GUARDIAN: SURNAME.....TITLE: (PROF/ DR / REV/ MR/ MRS/ MISS) FIRST NAME(S):.... MARITAL STATUS: MAKE A CROSS (X) IN THE BOX WHERE APPLICABLE: **MARRIED** WIDOW(ER) **SEPARATED DIVORCED SINGLE** POSTAL ADDRESS: CODE: TELEPHONE NUMBER:(HOME):.....(WORK)......EXT.....EXT..... CELLPHONE NUMBER:.....EMAIL ADDRESS:.... PROFESSION/WORK..... IF SELF EMPLOYED STATE WHAT YOU DO...... **MOTHER OR GUARDIAN:** SURNAME:TITLE: (PROF/ DR/ REV / MR/ MRS/ MISS) FIRST NAME (S):.... MARITAL STATUS: MAKE A CROSS (X) IN THE BOX WHERE APPLICABLE: MARRIED WIDOW(ER) SEPARATED DIVORCED SINGLE POSTAL ADDRESS (Ikheli):....CODE: TELEPHONE NUMBER (HOME):(WORK):EXT:.....EXT:.... CELLPHONE NUMBER:EMAIL ADDRESS: PROFESSION/WORK..... IF SELF EMPLOYED STATE WHAT YOU DO...... PERSON RESPONSIBLE FOR APPLICANT'S EDUCATION SURNAME......FIRST NAME (S)..... **RELATION TO APPLICANT i.e. MOTHER/ FATHER/AUNT etc.:** POSTAL ADDRESS.....CODE: TELEPHONE NUMBER (HOME)......(WORK).....EXT:..... CELLPHONE NUMBER:.....EMAIL ADDRESS:.... NAME OF RELATIVE.....

TELEPHONE NUMBER (HOME)...... (WORK)...... (WORK)

CELLPHONE NUMBER:.....

DECLARATION

- □ I promise orderly behaviour, and obedience to the authorities of the School and Hostel and to the teachers.
- I promise to adhere to the Rules and Regulations of St Francis' College (Mariannhill Secondary Independent School). Failing which, I understand and accept that I shall be liable to summary expulsion from School and/or hostel.
- I fully understand and accept that if the School or Hostel authorities are not satisfied with my attitude or behaviour, or if I fail, or do not qualify in the end of year examinations, I may not be re-admitted to St Francis' College (Mariannhill Secondary Independent School).
- □ I am aware that if I am accepted at the school I shall be enrolled for a period of one (1) academic year only.
- □ If I wish to be enrolled the following year I must re-apply for admission. My application will be considered by the School authorities who may re-accept me at their entire discretion.
- □ I am aware that I can be excluded at any time from the Hostel at the discretion of the authorities.

autionities.	
Signature of Learner	DATE
Signature Father/Mother/Guardian	DATE
Private Independent School). We/I do hereby pledge our/my support authorities, and agree to the stipulations in We are/I am willing and able to pay all fe the prospectus, in full at the beginning of expressions.	ees, strictly according to the Regulations laid down in
	for a period of one academic year only and may giving the other, one term's notice or three ination, whichever is the lesser.
*Such notice may be waived, and misconduct considered sufficient in la	summary termination be imposed, for any
Date: Sig	gned by (1) FATHER/ GUARDIAN
	(2)

MOTHER