

Residential Address: Section/Unit _____ Lot/Building _____
Street Name _____ Suburb _____
Postal Address: _____

Tel: _____ Email: _____

Student's Personal Information

Does the student have a disability? Yes No
Disability description _____

Does the student have a learning disability? Yes No
Learning disability description _____

Additional Comment (Other information that would assist with the care of the student)

Medical/Emergency Information

If we cannot contact you, in the event of an emergency please provide contact details of at least two other contacts

Contact Name 1 _____ Relationship _____

Tel (work/home) _____ Tel (mobile) _____

Contact Name 2 _____ Relationship _____

Tel (work/home) _____ Tel (mobile) _____

Doctor's Name _____ Clinic/ Medical Centre _____

Doctor's address _____

Tel: _____

Medical Conditions – *Please specify any medical conditions e.g. asthma, diabetes...*

Allergies – *Please specify any allergies suffered by the student e.g. peanuts ...*

Parent/guardian permission

I give my permission for the College to arrange medical treatment Yes No
in the event of college being unable to contact the Parent/Guardian.

Section C: Student's Family Information

Father's name _____

Occupation: _____

Address

Employer: _____

Work phone: _____

Home phone _____

Fax: _____

Mobile _____

Email: _____

Home Province _____

Country: _____

Section D

Please attach the following documents with this completed enrolment form.

- Proof of date of birth e.g. birth certificate/passport
- Baptism Certificate
- Bond of K200.00
- Current academic school reports
- Character reference from the previous school Principal (for grade 6 only)

I hereby apply for enrolment of my child at St Joseph’s International Catholic College.

Signature

Name of Parent or Guardian

Signature of Parent or Guardian

_____/_____/_____
Date

Section E

OFFICE USE ONLY

Date application received ___ / ___ / _____

Enrolment bond receipt no _____

Documents received with application:

- | | | | | | |
|--------------------------|------------------------------|-----------------------------|---------------------|------------------------------|-----------------------------|
| Baptism certificate | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Proof of age | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| First Holy communion | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Character reference | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Confirmation certificate | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Academic records | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

(Principal’s signature)

(Date)

Date Parents informed of the decision ___ / ___ / _____

Registration No: _____

Enrolment Officer:

Name: _____

Signature: _____

Date: ____/____/_____