

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: _____

Mother's name _____

Occupation: _____

Address

Employer: _____

Work phone: _____

Home phone _____

Fax: _____

Mobile _____

Email: _____

Home Province _____

Country: _____

General Information

Student lives with?

- Father Mother Both Other _____

Where correspondence from the College should be sent?

- Father Mother Both Other _____

Where invoices/receipts should be sent?

- Father Mother Both Other _____

Tick if appropriate:

- Father deceased Parents divorced/separated Father remarried
 Mother deceased Mother remarried

College fees will be paid by:

- Father Father's employer _____
(employer's name)
- Mother Mother's employer _____
(employer's name)
- Other _____
(Name) *(Relationship)*

Language spoken at home

Main language spoken at home _____

Other languages spoken at home _____

Siblings Information

Does the child have any brothers or sisters at St Joseph's? Have any relatives of the child been previous students at St Joseph's? If so, please give details.

Name	Relationship	Year/s at St Joseph's

Section D

Please attach the following documents with this completed enrolment form.

- Proof of date of birth e.g. birth certificate.
- Baptism, First Holy Communion & Confirmation certificates (for Catholic families only)
- Bond of K200.00
- Current academic school reports
- Character reference from the previous school Principal
- Grade 8 Certificate for Grade 9
- Grade 10 Certificate for Grade 11

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 Yes No
- First Holy communion Yes No
- Confirmation certificate Yes No

- Proof of age Yes No
- Character reference Yes No
- Academic records Yes No
- Grade 8/10 certificate Yes No

Date of interview ____ / ____ / _____

Entrance Test

Is entrance test required? Yes No

If yes, When? Date ____/____/_____
Time _____

Principal's Note

Enrolment Type: Normal Short term Conditional

(Principal's signature)

(Date)

Date Parents informed of the decision ____ / ____ / _____

Registration No: _____

Enrolment Officer:

Name: _____

Signature: _____

Date: ____ / ____ / _____