



**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.

- ID photo
- Proof of date of birth e.g. birth certificate.
- Baptism, First Holy Communion & Confirmation certificates (for Catholic families only)
- Application fee K50.00 **(Non-Refundable)**
- 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 application fee 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: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_