



By Mail: Dominican Convent School ■ PO BOX 33619 ■ Jeppestown ■ 2043

Hand Deliver: Office of Admissions ■ Dominican Convent School ■ 143 Park Street ■ Belgravia

Phone: (011) 614 69/43/59/66 ■ Fax: (011) 614 8780 ■ E-mail: head@dominican.co.za

DOCUMENTATION

The following documentation must be submitted with the completed application form. Please tick all the documentation you are submitting with this application.

- Last School Report
- Copy of official Birth Certificate
- Copy of official immunization card, or proof confirming immunization against polio, measles, tuberculosis, diphtheria, tetanus, and hepatitis B.
- Proof of residential address, in parents' name, such as statement of Rates, Water and Lights, Telephone or Store account, etc.
- Copy of ID or Passport document of parents.
- Completed Testimonial Form (Grade 4-12) The Testimonial Form is attached to the Application Form. This form must be submitted to the learner's current school Principal, completed by him/her, and officially stamped.

Parents / Guardians of other nationalities must submit the following additional documents:

- Study permit in respect of learner
- Temporary or Permanent Permit from the South African Department of Home Affairs, or evidence of application for such documentation.
- Application Form for Immigrant Status (Attached)
- Sacramental Certificates (Roman Catholic learners only)
- Copy of Medical Notes/Prescriptions for all learners on chronic medication, and who suffer from chronic conditions, including but not limited to: asthma, depression, ADHD (students who take Ritalin), a heart condition, migraines, or hormonal imbalance.
- Two passport size photographs
- R400.00 Non-Refundable Application Fee.

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All necessary documents have been submitted. Application may proceed.

INITIALS

Application missing the following documentation. Application pending.

REPORT BIRTH CERT IMMUN. RES. ADDRESS TEST STUDY PERMIT RES. PERMIT

IMPORTANT POINTS TO CONSIDER

In order to ensure that your application has every chance of consideration, it is vital that you read through this form carefully, provide all of the information and certificates required, and return the application form as quickly as possible. **If the required information is incorrect, incomplete, or documentation is missing, it will delay the processing and evaluation of the application.**

Who is the parent?

Parent means collectively the natural parent or guardian of a learner, the person legally entitled to custody of the learner, or the person who undertakes to fulfill the obligations of any of the above persons toward the learner's education at Dominican Convent School.

Importance of Address

All posted correspondence from the school will be sent to the indicated postal address. Should any of the information set out in this application form change, between application for a place and acceptance of your learner, be sure to notify the school as soon as possible.

Payment Upon Acceptance

Once the application process is completed, you will be notified in writing of the school's decision to accept or decline your learner a space in our school. Upon notification, your learner's space in our school is only guaranteed **after payment of a non-refundable acceptance fee of R4000.00.**

Please note that for administrative purposes fees are payable as follows:

School Fees and Transport Fees:

Grade 12 - Over 8 months (January to August)

Baby Class to Grade 11 - Over 10 months (January to October)

Extramural Fees:

Grade 1 to Grade 11 - Over 10 months (January to October)

DETAILS OF INTENDED ENROLMENT *(Please print, in blue or black ink)*

GRADE APPLYING FOR: _____

PRESENT GRADE: _____

DATE ADMISSION IS REQUIRED:

d	d	m	m	y	y

PRESENT SCHOOL: _____

STREET/BOX: _____

CITY/SUBURB: _____ PROVINCE: _____

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PHONE:

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FAX:

SPECIAL EDUCATIONAL NEEDS OF LEARNER (if any): _____

SECOND LANGUAGE CHOICE: AFIKAANS SOTHO (Gr 4 -12) ZULU

Gr 8-12 IMMIGRANTS ONLY: PORTUGUESE FRENCH

IMMIGRANTS

The following are applicable to immigrant learners:

1. A deposit equal to a term's tuition fees, is payable before the start of the school year.
2. Tuition fees is payable before the start of each school term.

LEARNER DETAILS (Please print, in blue or black ink)

SURNAME: _____ INITIALS:

FIRST NAME (S): _____

PREFERRED NAME: _____ FAMILY NAME: _____
IF DIFFERENT TO SURNAME

CITIZENSHIP: SOUTH AFRICAN LEGAL PERMANENT RESIDENT

RSA ID NO.

NATIONALITY: _____
(Please specify)

FOREIGN ID #: _____ PERMIT TYPE: _____

DATE OF BIRTH: GENDER: MALE FEMALE
d d m m y y

CITY OF BIRTH: _____ PROVINCE: _____

POSITION IN FAMILY: OUT OF CHILDREN

FAMILY AT DOMINICAN:

BROTHER / SISTER STEP-BROTHER / STEP-SISTER COUSIN EXTENDED FAMILY

SURNAME FIRST NAME (S) CLASS

BROTHER / SISTER STEP-BROTHER / STEP-SISTER COUSIN EXTENDED FAMILY

SURNAME FIRST NAME (S) CLASS

RESIDENTIAL ADDRESS WHILE ATTENDING SCHOOL:

STREET: _____ FLAT #: _____

CITY/SUBURB: _____ CODE: _____

POSTAL ADDRESS WHILE ATTENDING SCHOOL (If different from residential address):

STREET/BOX: _____ FLAT #: _____

CITY/SUBURB: _____ CODE: _____

HOME PHONE #:

code Landline Number code Cellphone Number

HOME LANGUAGE: _____ RELIGION: _____

IF ROMAN CATHOLIC, PLEASE TICK ALL SACRAMENTS YOU HAVE RECEIVED

BAPTISM	<input type="checkbox"/>	FIRST COMMUNION	<input type="checkbox"/>
FIRST RECONCILIATION	<input type="checkbox"/>	CONFIRMATION	<input type="checkbox"/>

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ACCOUNTS

Discount

ADMIN

Birth

Permit

Residence

CHECKED BY:

ENTERED BY:

061113

PARENT DETAILS

(Please print, in blue or black ink)

FATHER: LIVING DECEASED

FATHER'S NAME: _____
SURNAME FIRST NAME(S)

ID/PASSPORT NO.: _____

HOME PHONE #: _____
code Landline Number code Cellphone Number

WORK PHONE #: _____
code Landline Number code Fax Number

OCCUPATION: _____ EMPLOYER: _____

PARENT EMAIL: _____ @ _____

HOME LANGUAGE: _____ RELIGION: _____

MARITAL STATUS: SINGLE MARRIED STEP-FATHER DIVORCED FOSTER

IF DIVORCED, WHO HAS LEGAL CUSTODY OF LEARNER? _____

MOTHER: LIVING DECEASED

MOTHER'S NAME: _____
SURNAME FIRST NAME(S)

ID/PASSPORT NO.: _____

HOME PHONE #: _____
code Landline Number code Cellphone Number

WORK PHONE #: _____
code Landline Number code Fax Number

OCCUPATION: _____ EMPLOYER: _____

PARENT EMAIL: _____ @ _____

HOME LANGUAGE: _____ RELIGION: _____

MARITAL STATUS: SINGLE MARRIED STEP-MOTHER DIVORCED FOSTER

IF DIVORCED, WHO HAS LEGAL CUSTODY OF LEARNER? _____

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ACCOUNTS

DCS EMP
NED
ABSA
SPON
SCHOL
SPEC

CHECKED BY:

ENTERED BY:

061113

PAYMENT DETAILS – BOTH PARENTS TO SIGN (Please print, in blue or black ink)

FATHER/PAYER'S NAME: _____

SURNAME

FIRST NAME (S)

ID/PASSPORT NO.

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HOME PHONE No :

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code Landline Number

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code Cellphone Number

WORK PHONE No :

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code Landline Number

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code Fax Number

MOTHER/PAYERS'S NAME: _____

SURNAME

FIRST NAME (S)

ID/PASSPORT NO.

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HOME PHONE No :

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code Landline Number

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code Cellphone Number

WORK PHONE No :

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code Landline Number

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

code Fax Number

GOVERNANCE

(Please read and consider each point carefully before signing below. **This is a legal contract.**)

- 1.1 The schedule of Fees, Extra-mural Fees, and Additional Fees is contained within the application package. They are applicable until further notice, and form a portion of the conditions laid out below.
- 1.2 All fees and other charges are payable to, and recoverable by, the Governing Body of Dominican Convent School.
- 1.3 Each month's fees are payable in advance against accounts rendered, e.g. payment for the month of February must be paid by the 7th of February. The Governing Body reserves the right to charge interest on overdue accounts at a rate as the Governing Body in its entire discretion may determine. In the event of accounts being unpaid on the last day of term, the learner will not be permitted to return to Dominican Convent School at the beginning of the following term.
- 1.4 The Governing Body may, in its sole discretion, grant refunds and make changes or adjustments of fees, but there shall be no entitlement to any rebate of fees if the learner is absent for any portion of a term owing to illness or any other cause.
- 1.5 Once the learner has entered Dominican Convent School, a **clear term's written notice of withdrawal**, from the School is required. If such written notice is not given, a full term's fees - at the rate applicable for the next succeeding term - shall be paid in lieu thereof.
- 1.6 A clear half-term's written notice must be given to the Principal for the stopping of any extra-mural activity, or extra lessons. If notice is not given, a fee equal to a half-term's payment for the activity or lesson will be charged in lieu of such notice.
- 1.7 Dominican Convent School shall be entitled to instruct its attorneys to attend to the collection of any overdue accounts and the parent/guardian shall be liable for payment of all costs so incurred, on the scale between attorney and client, including collection commission, whether legal proceedings are instituted by the School's attorney or not. Please note that Dominican Convent School has the authority to do an ITC check.
- 1.8 The Board of Governors reserves the right, without notice, to vary these conditions (including fees, extra fees and deposits) from time to time in its entire discretion, and failure by the Board of Governors to enforce any conditions shall not constitute a waiver of its rights.

We, the undersigned parents/guardians:

- Declare that the particulars contained in this application are true and correct.
- Understand that any false or incomplete information may constitute grounds for immediate rejection.
- Agree unconditionally with all conditions concerning fees and governance listed above.

FATHER/PAYER'S FULL NAME: _____

DATE: _____

FATHER/PAYER'S SIGNATURE: _____

CAPACITY: FATHER GUARDIAN

MOTHER/PAYER'S FULL NAME: _____

DATE: _____

MOTHER/PAYER'S SIGNATURE: _____

CAPACITY: MOTHER GUARDIAN

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Credit Check

Approved

m	m	y	y
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BURSAR INITIALS

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CHECKED BY:

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EMERGENCY CONTACT DETAILS (Please print, in blue or black ink)

IN CASE OF EMERGENCY, PHONE THIS PERSON FIRST

FULL NAME: _____

SURNAME FIRST NAME (S)

HOME PHONE No. : _____

code Landline Number code Cellphone Number

WORK PHONE No. : _____

code Landline Number code Fax Number

RELATIONSHIP TO CHILD: _____

MEDICAL DETAILS

MEDICAL AID NAME: _____ MEMBERSHIP NO. : _____

MAIN MEMBER: _____

SURNAME FIRST NAME (S)

FAMILY DOCTOR DETAILS

FULL NAME: _____

SURNAME FIRST NAME (S)

CONTACT No. : _____

code Landline / Cellphone No. code Fax No.

KNOWN MEDICAL CONDITIONS

Please note that legal documentation of all medical conditions, allergies, and medication outlined below needs to be provided to the School as part of the application package.

HAS THE LEARNER EVER HAD ANY OF THE FOLLOWING CONDITIONS? *(Tick all that apply)*

HEART MURMUR		ASTHMA		ULCERS		TUBERCULOSIS	
EPILEPSY		BLACKOUTS		ANXIETY ATTACKS		DEPRESSION	
HEARING PROBLEMS		ADD / ADDHD		DIABETES			
BLOOD PRESSURE HI/LOW		HEARING PROBLEMS		NEEDS GLASSES TO SEE			

Please list any allergies the learner might have: _____

Has the learner had any illness, disability, accident, or psychological disorder which required special hospitalization in the past five years? YES NO

Has the learner ever been a victim of, or personally witnessed, a serious trauma such as a murder or violent crime? YES NO

CHRONIC MEDICATION

PLEASE LIST THE MEDICATION YOUR LEARNER TAKES REGULARLY, THE TIME AND THE DOSAGE:

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CURRENT AS OF:

m m y y

m m y y

m m y y

m m y y

m m y y

m m y y

m m y y

m m y y

m m y y

DOCTOR'S VISITS:

m

_____ :

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We would be grateful if you would complete the following testimonial for this learner who has made application at our school. Upon completion you may either return the form to the applicant, or send the form directly to us using the details provided below:

TESTIMONIAL FORM

DATE:

d	d	m	m	y	y

LEARNER DETAILS

NAME: _____
SURNAME

FIRST NAME (S)

DATE OF BIRTH:

d	d	m	m	y	y

PRESENT GRADE: _____

LURITS NUMBER							

PRESENT SCHOOL: _____

Please use the following scale when making your testimonial:

- ① WEAK ② FAIR ③ AVERAGE ④ GOOD ⑤ EXCELLENT

Place a tick in the appropriate column		①	②	③	④	⑤
1	Academic achievement					
2	Sports achievement					
3	Cultural achievement					
4	Leadership ability					
5	Discipline					
6	Character and Personality					
7	Payment of School Fees					
8	Level of parental involvement					
9	Attendance					

Special Achievements _____

Any known problems _____

Any further comments _____

Thank you for your honesty and co-operation

SIGNATURE OF PRINCIPAL

DATE

When this form is complete you may send it to us by fax or post:
FAX: (011) 614 8780 POST: P O BOX 33619, JEPPESTOWN, 2043

Questions? PHONE: (011) 614 6943

Place School Stamp Here



**PREVIOUS SCHOOL
FINANCIAL CLEARANCE CERTIFICATE**

Name of Learner: _____

Grade: _____ Year: _____

Name of Person responsible for fee payment: _____

ID No. of Person responsible for fee payment: _____

Name of School where learner is currently: _____

Annual fees for _____ (year) R _____

Fees paid to date R _____

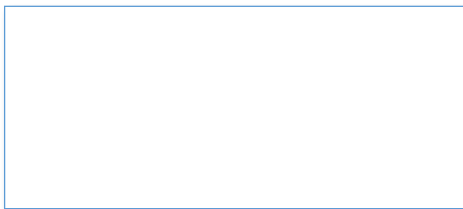
Fees outstanding R _____

Comment: _____

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

Signature of Head/Credit Controller

Date



School Stamp

This clearance certificate has been approved by ISASA for use amongst member schools.

Excellence in Catholic Education Since 1908

PHYSICAL ADDRESS 143 Park Street, Belgravia, Johannesburg, South Africa, 2043

POSTAL ADDRESS PO Box 33619, Jeppestown 2043

TELEPHONE (011) 614-6943 FACSIMILE (011) 614 8780

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