

# Application for Admission



**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/ Guardian 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
- R200.00 Non-Refundable Application Fee.

### For Office use Only

- All necessary documents have been submitted. Application may proceed. INITIALS
- Application missing the following documentation. Application pending. INITIALS
- REPORT  BIRTH CERT.  IMMUN.  RES. ADDRESS  TEST  STUDY PERMIT(f)  RES. PERMIT (f)

# 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 immediately.

## 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 a non refundable deposit of R2500.00 and one (1) month's school fees has been received.** Should your learner be accepted into the school hostel, an additional non refundable deposit of R2500.00 must be paid? All deposits will be credited to the school and hostel accounts for the year of enrolment. Deposit payments are non-refundable.

# DETAILS OF INTENDED ENROLMENT

(Please print, in blue or black ink)

GRADE APPLYING FOR: \_\_\_\_\_ PRESENT GRADE: \_\_\_\_\_  
d d m m y y

DATE ADMISSION IS REQUIRED: 

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

PRESENT SCHOOL: \_\_\_\_\_

STREET/BOX: \_\_\_\_\_

CITY/SUBURB: \_\_\_\_\_ PROVINCE: \_\_\_\_\_

FAX: 

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

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

 PHONE: \_\_\_\_\_

SPECIAL EDUCATIONAL NEEDS OF LEARNER (if any): \_\_\_\_\_

SECOND LANGUAGE CHOICE:  AFRIKAANS  SOTHO (Gr. 8-12)  ZULU

FOR GR. 8-12 IMMIGRANT ONLY:  PORTUGUESE  FRENCH

SUBJECT CHOICES: (Grade 10-11 Only) *Please Tick One choice in each group.*

FUNDAMENTAL GROUP	CORE LEARNING GROUP	ELECTIVE GROUP
Mathematics	Business Economics and Accounting	History
Mathematical Literacy	Visual Arts and Dramatic Arts	Geography
	History and Geography	Biology
	Science and Biology and/or (CAT*)	Science
	(SCIENCE CAN BE TAKEN AS A CORE OR ELECTIVE IF LEARNER IS TAKING MATHEMATICS)	Accounting
		Business Economics
		Visual Arts
		Dramatic Arts
		Computer Applications Technology (CAT*)

For office use only

Academic

Discipline

Language

Subjects







# 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 # : \_\_\_\_\_  
code Landline Number code Cell Phone Number

WORK PHONE # : \_\_\_\_\_  
code Landline Number code Fax Number

RELATIONSHIP TO CHILD: \_\_\_\_\_

### MEDICAL DETAILS

MEDICAL AID NAME: \_\_\_\_\_ MEMBERSHIP NUMBER: \_\_\_\_\_

MAIN MEMBER: \_\_\_\_\_  
SURNAME FIRST NAME (S)

### FAMILY DOCTOR DETAILS

FULL NAME: \_\_\_\_\_  
SURNAME FIRST NAME (S)

CONTACT # : \_\_\_\_\_  
code Landline/ Cell Number code Fax Number

### 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:

\_\_\_\_\_

For office use only

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 m y y

m m y y

m m y y

m m y y

m m y y

m m y y

ENTERED BY:



# APPLICATION FOR BOARDING

*Please complete the following application for boarding at Dominican. If you would like your learner to become a boarder it is vital that all emergency contact information and medical needs are made very clear, and constantly kept up to date. Please also note that our boys' boarding facility has very limited numbers, and that your request may be denied due to lack of space.*

**DATE: LEARNER DETAILS:**

FULL NAME:

		d	d	m	m	y	y
--	--	---	---	---	---	---	---

SURNAME

FIRST NAME (S)

DATE OF

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

BIRTH:

PRESENT GRADE: \_\_\_\_\_

d d m m y y

**TYPE OF BOARDING DESIRED (Please Tick):**

07:00, then

**WEEKLY**

Boarders are dropped off on Sunday night by 17:30, or Monday morning by collected on Friday afternoon before 16:00.

week

**TERMLY**

Boarders are dropped off at the beginning of the term, stay at school on the Ends, then return home for school holidays, and one mid-term break.

**TRANSPORT REQUIREMENTS:**

**ALONE ON PUBLIC TRANSPORT**

**PRIVATE TRANSPORT**

LEARNER

NAME OF PERSON WHO WILL USUALLY DROP OFF AND COLLECT THE

TIME OF DROP OFF: \_\_\_\_\_

TIME OF COLLECTION: \_\_\_\_\_

**SPECIAL DIET-** We do cater for vegetarian needs.

**KNOWN SLEEPING PROBLEMS** (sleepwalking, bedwetting, frequent nightmares)

**DAILY MEDICATION-** Please write times and dosage.

**SIGNATURE OF PARENT/GUARDIAN**

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

d d m m y y



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 NAMES**

DATE OF

D	D	M	M	Y	Y
---	---	---	---	---	---

BIRTH:

PRESENT GRADE: \_\_\_\_\_

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 cooperation

D	D	M	M	Y	Y
---	---	---	---	---	---

\_\_\_\_\_  
SIGNATURE OF PRINCIPAL

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

Questions? PHONE: (011) 614 6943

**Place School Stamp Here**

Dominican Convent School believes in equality of opportunity serving the community as a centre for excellence in education for 100 yrs.