



**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.
- Financial Clearance Certificate, 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.

**For Office use Only 2205** 030918

All necessary documents have been submitted. Application may proceed.

Application missing the following documentation. Application pending.

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

INITIALS

# 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:

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: 

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

PREFERRED NAME: \_\_\_\_\_ FAMILY NAME: \_\_\_\_\_  
IF DIFFERENT TO SURNAME

CITIZENSHIP:  SOUTH AFRICAN  LEGAL PERMANENT RESIDENT

RSA ID NO. 

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NATIONALITY: \_\_\_\_\_  
(Please specify)

FOREIGN ID #: \_\_\_\_\_ PERMIT TYPE: \_\_\_\_\_

DATE OF BIRTH: 

d	d	m	m	y	y

 GENDER:  MALE  FEMALE

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 #: 

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*code* Landline Number *code* Cellphone Number

HOME LANGUAGE: \_\_\_\_\_ RELIGION: \_\_\_\_\_

**IF ROMAN CATHOLIC, PLEASE TICK ALL SACRAMENTS YOU HAVE RECEIVED**

BAPTISM	FIRST COMMUNION
FIRST RECONCILIATION	CONFIRMATION

**For office use only**

**ACCOUNTS**

**Discount**

**ADMIN**

**Birth**

**Permit**

**Residence**

**CHECKED BY:**

**ENTERED BY:**

061113

# PARENT DETAILS (Please print, in blue or black ink)

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FATHER: LIVING  DECEASED

FATHER'S NAME: \_\_\_\_\_  
SURNAME FIRST NAME(S)

ID/PASSPORT NO.: 

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HOME PHONE #: 

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code Landline Number 

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code Cellphone Number

WORK PHONE #: 

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code Landline Number 

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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.: 

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HOME PHONE #: 

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code Landline Number 

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code Cellphone Number

WORK PHONE #: 

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code Landline Number 

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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? \_\_\_\_\_

## ACCOUNTS

DCS EMP	<input type="checkbox"/>
NED	<input type="checkbox"/>
ABSA	<input type="checkbox"/>
SPON	<input type="checkbox"/>
SCHOL	<input type="checkbox"/>
SPEC	<input type="checkbox"/>

CHECKED BY:

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ENTERED BY:

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

FATHER/PAYER'S NAME: \_\_\_\_\_

SURNAME FIRST NAME (S)

ID/PASSPORT NO.

HOME PHONE No :

code Landline Number code Cellphone Number

WORK PHONE No :

code Landline Number code Fax Number

MOTHER/PAYERS'S NAME: \_\_\_\_\_

SURNAME FIRST NAME (S)

ID/PASSPORT NO.

HOME PHONE No :

code Landline Number code Cellphone Number

WORK PHONE No :

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 7<sup>th</sup> 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
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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 m y y

m m y y

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

EMAIL [head@dominican.co.za](mailto:head@dominican.co.za) WEB SITE [www.dominican.co.za](http://www.dominican.co.za)



# Dominican Convent School, Belgravia

Celebrating Excellence in Education since 1908

## SCHOOL FEES - 2020



F E E	Grade	Tuition Fees per annum	Additional Costs	Total School Fees Per annum	Monthly Installments
			School Tours Certain Excursions		
			Text Books Gr 1 - Gr 6		Grade 0 to 11 January - October Grade 12 January - August
	Grade BG-00	R 22 000	R 5 000	R 27 000	R 2 700
	Grade R	R 27 000	R 5 000	R 32 000	R 3 200
S	Grade 1	R 33 000	R 7 000	R 40 000	R 4 000
T	Grade 2	R 33 000	R 7 000	R 40 000	R 4 000
R	Grade 3	R 33 000	R 7 000	R 40 000	R 4 000
U	Grade 4	R 38 000	R 9 000	R 47 000	R 4 700
C	Grade 5	R 38 000	R 9 000	R 47 000	R 4 700
T	Grade 6	R 38 000	R 9 000	R 47 000	R 4 700
U	Grade 7	R 50 000	R 10 000	R 60 000	R 6 000
R	Grade 8	R 48 000	R 12 000	R 60 000	R 6 000
E	Grade 9	R 48 000	R 12 000	R 60 000	R 6 000
	Grade 10	R 53 000	R 12 000	R 65 000	R 6 500
	Grade 11	R 53 000	R 12 000	R 65 000	R 6 500
	Grade 12	R 54 000	R 12 000	R 66 000	R 8 250

Family Discount is granted on the third & subsequent learners enrolled at Dominican: 10%

Early Settlement Discounts: 6% reduction of annual school fees if paid in full by 20 December 2019  
5% reduction of annual school fees if paid in full by 31 January 2020

Non-Refundable Acceptance Fees: (New Learners) R4 000 Tuition

Security : Dominican is constantly upgrading security arrangements at school. When needed, a family levy may be payable.  
Parent Council Levy, School Magazine, Locker Rental & Photos will be charged in January each year.  
The Development Levy is charged in January, April & August

Development Levy	R 800 Per family per term	Magazine	R 300 Per Annum
Parent Council Levy	R 200 Per family per year	Photos	R 120 Per Annum
School Transport (where applicable)	R 1 100 Per learner per month	Locker Rental	R 100 Per Annum
i-Pad Locker	R 240 Per Annum	Internet Usage	R 80 per Month

External Certificate Exams: Written in Grade 3, 6, 7 & 12 Exam Fees are billed in January and must be paid in full by 1st April each year for entries to be processed.

Local and International Benchmarking exams are written in other grades and will be billed when written.

A full range of activities is offered in the afternoon programme at no cost.

A separate schedule will be issued in January 2020 for any paid Extra Murals.