



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.

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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:

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

FAX:

SPECIAL EDUCATIONAL NEEDS OF LEARNER (if any): _____

SECOND LANGUAGE CHOICE:

AFRIKAANS

SOTHO (Gr 4 -12)

ZULU

Gr 8-12 IMMIGRANTS ONLY:

PORTUGUESE

FRENCH

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

FATHER: LIVING DECEASED

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

ID/PASSPORT NO.:

NATIONALITY: _____
(Please specify)

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.:

NATIONALITY: _____
(Please specify)

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	<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:

ENTERED BY:

061113

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	<input type="checkbox"/>	ASTHMA	<input type="checkbox"/>	ULCERS	<input type="checkbox"/>	TUBERCULOSIS	<input type="checkbox"/>
EPILEPSY	<input type="checkbox"/>	BLACKOUTS	<input type="checkbox"/>	ANXIETY ATTACKS	<input type="checkbox"/>	DEPRESSION	<input type="checkbox"/>
HEARING PROBLEMS	<input type="checkbox"/>	ADD / ADDHD	<input type="checkbox"/>	DIABETES	<input type="checkbox"/>		<input type="checkbox"/>

BLOOD PRESSURE HI/LOW	<input type="checkbox"/>	HEARING PROBLEMS	<input type="checkbox"/>	NEEDS GLASSES TO SEE	<input type="checkbox"/>
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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

061113



061113

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 **WEB SITE** www.dominican.co.za



F E E	Grade	Tuition Fees per annum	Other Charges	Total School Fees Per annum	Monthly Installments
					Grade 0 to 11 January - October Grade 12 January - August
S T R U C T U R E	Grade BG-00	R 22 800	R 5 000	R 27 800	R 2 780
	Grade R	R 28 000	R 5 000	R 33 000	R 3 300
	Grade 1	R 34 200	R 7 000	R 41 200	R 4 120
	Grade 2	R 34 200	R 7 000	R 41 200	R 4 120
	Grade 3	R 34 200	R 7 000	R 41 200	R 4 120
	Grade 4	R 39 400	R 9 000	R 48 400	R 4 840
	Grade 5	R 39 400	R 9 000	R 48 400	R 4 840
	Grade 6	R 39 400	R 9 000	R 48 400	R 4 840
	Grade 7	R 51 800	R 10 000	R 61 800	R 6 180
	Grade 8	R 49 800	R 12 000	R 61 800	R 6 180
	Grade 9	R 49 800	R 12 000	R 61 800	R 6 180
	Grade 10	R 55 000	R 12 000	R 67 000	R 6 700
Grade 11	R 55 000	R 12 000	R 67 000	R 6 700	
Grade 12	R 56 000	R 12 000	R 68 000	R 8 500	

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 2020
 5% reduction of annual school fees if paid in full by 31 January 2021

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	Internet Usage	R 80 per Month
i-Pad Locker	R 240 Per Annum		

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 2021 for any paid Extra Murals.

Resman
 22/10/20



Dominican

CONVENT SCHOOL

22 October 2020

Dear Parents and Guardians

2021 Tuition Fees

We apologise for the late notification of the Fees for 2021 but we were assessing the negative impact the Lockdown has had on the School and trying to minimize the Fee increase without detracting from our offering.

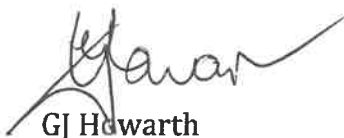
We have been determining the fee increase that our Suppliers (such as the Municipality, our Security and Cleaning contractors etc.) are passing on to us. We have also been looking at various cost – cutting measures.

We are aware that the Lockdown may have effected your ability to pay School Fees and the negative impact this could have on our Student numbers for 2021.

At the Board Meeting of 21 October 2020 all these matters were discussed and it was resolved that the Fee Increase for 2021 be set at **3 %** which is far lower than the increases in recent years.

We request that you continue to pay School fees and other charges as they fall due so that we can continue to give you the best service possible.

Yours Faithfully



GJ Howarth

Executive Headmaster



R Howell

Bursar

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