



# CHRISTIAN BROTHERS' COLLEGE ST JOHN'S

FAITH ▪ FAMILY ▪ EXCELLENCE ▪ DIVERSITY

## APPLICATION FORM



Live Jesus in our hearts, forever.

# Thank you for showing an interest in our College

## Please note Application Detail:

1. Kindly complete and submit an application form together with the necessary supporting documentation. (see attached list below to establish which documents are required).
2. You can submit your application form with supporting documentation electronically via email to Mrs Fernandes at: [mfernandes@cbcstjohns.co.za](mailto:mfernandes@cbcstjohns.co.za), or you can submit these documents to the College reception directly.
3. A letter of acknowledgement will be forwarded to you showing your child's name, grade and the year for which you have applied.
4. Your child's name is placed on a waiting list and should there be space available you will be contacted.
5. Your child will be assessed (assessments are done from Grade R to Grade 12).
6. The Admission's Secretary will in the meantime request the following documents:
  - A Financial Clearance Certificate from any previous school or playgroup your child has attended.
  - A copy of both parents' salary slips reflecting monthly income.
  - Three months' bank statements where necessary.
7. The application will then be approved or found to be unsuccessful. If approved your child will be called for an interview with you, the parent/s. If the application is unsuccessful a letter will be sent to you advising you of the College's decision.
8. Please take note that no further correspondence will be entered into.
9. A letter of acceptance will be given to you at the interview or you will be notified within 24 hours of your interview being held if your child's application was successful.

## Documents required for SA Residents

Birth certificate, Parents Identity Documents

Immunization Card (Grades 000 - R)

Previous school reports

## Documents Required for Non SA Residents

Birth Certificate of child

Passport of child

Passport of Parent 1/ Guardian

Passport of Parent 2/ Guardian

Immunization card of child

Visas (residency, study or work)

Study permit for a child entering Grades 000 – Grade 12 **from the country of birth.**

# Christian Brothers' College St John's

## APPLICATION FORM: AGE 2 YEARS TO GRADE 12

Postnet Suite 34, Private Bag X3, Bloubergrant, 7443  
 Cnr. Parklands Main Rod & Dorchester Drive,  
 Parklands, 7441  
 Tel: +27 (0)21 556 5959/79 Fax: +27 (0)21 556 1160  
 Email: office@cbcstjohns.co.za  
 Web: www.cbcstjohns.co.za



### \*Please note the following application requirements:

- All applicants from Grade R –12 are required to undergo an entrance assessment (English & Mathematics).
- A **R400.00** (non-refundable) application fee must accompany this form in respect of all applicants.

		✓
1.	Birth Certificate of applicant;	
2.	Baptismal Certificate of applicant (Catholic only);	
3.	Final report from previous year and most current school reports;	
4.	Immunization record (clinic card) -Early Childhood Development Centre to Grade R;	
5.	Passport (where applicable);	
6.	Study Permit (where applicable);	
7.	Identity Documents (both parents/guardians);	
8.	Original, signed debit order form (for monthly payers);	
9.	Financial Certificate completed by the <u>current</u> school.	

### PROPOSED GRADE: Please indicate (✓) proposed grade and insert year of entry.

	ECD		Preschool		Junior School						Senior School						
	2-3yr Gr 000	3-4 Gr 00	4-5 Gr 0	5-6 Gr R	Gr 1	Gr 2	Gr 3	Gr 4	Gr 5	Gr 6	GET			FET			
YEAR																	

### PARTICULARS OF APPLICANT (Pupil)

Current Grade: \_\_\_\_\_ Grade applying for: \_\_\_\_\_ Year: \_\_\_\_\_ Term: \_\_\_\_\_ Siblings in school 

YES	NO
-----	----

 (tick ✓)

Surname						Date of Birth:		
First Name(s)						ID Number:		
Preferred Name:						Nationality:		
Home Language						Place of Birth:		
Other language(s) spoken at home								
Religious denomination:								
Child lives with:	Both parents	Only Mother	Only Father	Relative	Legal Guardian			
Other:	_____							
(please state e.g. mother and stepfather, mother married, etc.)								
Parents deceased (circle which is applicable): Mother      Father      Both								

**CATHOLICS ARE REQUIRED TO COMPLETE THE FOLLOWING:**

Parish:	Name of Priest:
Date of Baptism:	Place:
Date of First Holy Communion:	Place:
Date of Confirmation:	Place:

**PARTICULARS REGARDING PARENT/GUARDIAN RESPONSIBLE FOR THE EDUCATION OF APPLICANT (Pupil):**

**\*If parents are divorced or separated or applicant lives with a guardian, please ✓ which is relevant.**

Accounts to be addressed to:	Father	Mother	Guardian
Correspondence to be addressed to:	Father	Mother	Guardian
Reports to be addressed to:	Father	Mother	Guardian

Details		Father/Stepfather/Guardian (circle)	Mother/Stepmother/Guardian (circle)
Surname:			
Title e.g. Mr/Mrs/Ms/Dr			
First Names			
Preferred Name			
Marital Status			
Home Telephone			
Work Telephone			
Cell Number			
Email Address			
Employer - Business Name			
Occupation/Profession			
ID/ Passport Number			
Religious Affiliation			
Physical Address	Complex;		
	Street Name &No.		
	Suburb		
	City	Code	Code
Postal Address (If different to street address)			
		Code	Code
Address of pupil if not residing with parent			

## MEDICAL INFORMATION

Name of Medical Aid:		Medical Aid No:	
Main Member's Full Names:			
Main Member's ID No:			
Family Doctor's Name:		Tel No.	Preferred hospital
Please list any serious medical conditions (e.g. asthma, allergies, diabetes, epilepsy etc.).			
List any emotional trauma the child has experienced (e.g. the loss of a parent).			
List any physical disabilities the child may have and/or any known learning problems the child has experienced.			

## PARTICULARS OF SIBLINGS CURRENTLY ATTENDING CBC ST JOHN'S:

Name and Surname:			
Grade:		House: (circle)	Edmund (Blue) Ignatius (Gold) Rice (Green)
Name and Surname:			
Grade:		House: (circle)	Edmund (Blue) Ignatius (Gold) Rice (Green)
Name and Surname:			
Grade:		House: (circle)	Edmund (Blue) Ignatius (Gold) Rice (Green)

## PARTICULARS REGARDING PAST PUPILS: If pupil/parent/guardian is related to any past pupil of this College,

Name of past pupil:		Relationship:	
Last year of attendance:		House:	

**Memorandum of Agreement between CBC St John's Parklands (herein referred to as the "College") and the Parents, Guardians or Persons responsible for Fees.**

We, the undersigned, being the Parents, Guardians or Persons responsible for fees for:

(full name and surname ) \_\_\_\_\_

hereby undertake the following:

1. To secure enrolment, a non-refundable Registration Fee is payable within two weeks from date of acceptance of the offer of enrolment with a cooling off period of ten working days.
2. The Parents, Guardians or Persons responsible for fees, upon signature of acceptance, agree to the following:
  - That the College reserves the right to perform credit checks on the Parents, Guardians or Persons responsible for fees at commencing stages of this agreement and if/when your account appears doubtful.
  - To provide certified copies of the last three months' bank statements and a certified copy of your last salary pay slip from your employer(s).
3. This application, acceptance and commitment by the Parents, Guardians or Persons responsible for fees shall remain in place for the duration of the above mentioned child/children's studies/schooling at the College.
4. Fees are payable monthly in advance on or before the 7th working day of each month over a period of 11 months. Please note that the College is self-funded, and is dependent on your payment of full school fees by the 7th working day of every month so as not to disadvantage the full paying parents and their child/children. Should you default, you will be liable for all legal recovery costs.
5. Fees to be settled in full as per clause 4 above, by means of a bank debit order signed by the Parents, Guardians or Persons responsible for fees dated for payment no later than the 7th working day of each month. You may choose either the 27th for advance payment of fees or the 4th for the current month. All bank charges as a result of a returned bank debit order will be for the account of the Parents, Guardians or Persons responsible for fees. All outstanding fees are to be settled in full before the start of the new academic year. Failure to comply with this request will result in automatic deregistration and handing over of your account.
6. All incidentals accrued during the course of the year, will be debited monthly to your school fee account and added to the debit order.
7. Fees are reviewed annually and any adjustments will be reflected on an applicable scale of fees, circulated during the 4th term.
8. The Board of Governors reserves the right to raise levies and fees from time to time in order to meet funding requirements of the College and the Parents, Guardians or Persons responsible for fees agree that such amounts shall be added to the debit order. Such levies and fees will, after prior notification, be added to school fee accounts.
9. In terms of the South African Schools Act, 1996 (Act No. 84 of 1996) section 45, the Parent, Guardian or Person responsible for fees signing this Fees, Levies and Charges agreement will and shall be held liable for the payment of registration and any incidental fees that are due to the school.
10. This is a contractual obligation to pay the school fees. Failure to pay the prescribed fees will result in expulsion and/or suspension and/or withholding of the report card of your child/children including any legal costs to recover any outstanding school fees to the Parent, Guardians or Person responsible for fees account which amount shall accrue interest.

## FEES/LEVIES AND CHARGES/TERMS OF ACCEPTANCE

11. The Board of Governors reserves the right to restrict admission of the abovementioned child/children to class in respect of whom monies are outstanding to the College for a period in excess of 45 (forty five) days after the due date and to withhold reports of such child/children together with any legal costs to recover any outstanding school fees due by the Parents, Guardians or Persons responsible for fees including interest on the outstanding amount.
12. Overdue accounts will attract interest at 24% per annum (2% per month).
13. **A full school term's notice, in writing, or the equivalent fee in lieu thereof, is required prior to the withdrawal of the above mentioned child/children from the College. Notice to withdraw the child/children must be submitted in writing to CBC St John's Parklands, Attention: Head of College (svanvuren@cbcstjohns.co.za). We request that written notification also be forwarded to the College of any possible intention to withdraw your child, which will be kept on file.**

**The following procedures will be implemented by the College in the event of non-compliance with the payment terms and conditions:**

- If your account is still outstanding by the 25th of the current billing month, the College has the right to exercise its discretion without prejudice to hand over your account for legal collections to include all costs for your account.

Kindly complete and sign this Fees, Levies and Charges Agreement and return the completed document to the College within seven working days of receiving it. Please note that the College will still enforce the above clauses even if the signed and completed Fees, Levies and Charges Agreement is not returned to the College.

I/we the undersigned agree by our signature(s) hereto that we have read, understood and agree to the above terms and conditions and that such terms and conditions are fair, reasonable and binding on us as the Parents, Guardians or Persons responsible for fees for the above mentioned child/children.

**Mother** (print name in full) \_\_\_\_\_

residing at \_\_\_\_\_

am responsible for, the total fee owing  portion of the fee owing  (specify)

Signature(Mother)\_\_\_\_\_ ID Number\_\_\_\_\_ Date\_\_\_\_\_

**Father** (print name in full) \_\_\_\_\_

residing at \_\_\_\_\_

am responsible for, the total fee owing  portion of the fee owing  (specify)

Signature(Father)\_\_\_\_\_ ID Number\_\_\_\_\_ Date\_\_\_\_\_

**Guardian/Step-Parent** (print name in full) \_\_\_\_\_

residing at \_\_\_\_\_

am responsible for, the total fee owing  portion of the fee owing  (specify)

Signature(Guardian/Step-Parent)\_\_\_\_\_ ID Number\_\_\_\_\_ Date\_\_\_\_\_

# FINANCIAL CLEARANCE CERTIFICATE

## TO BE COMPLETED BY STUDENT'S CURRENT SCHOOL

Name of student \_\_\_\_\_ Grade \_\_\_\_\_

Name of person responsible for fee payment: \_\_\_\_\_

ID Number of Person responsible for fee payment: \_\_\_\_\_

Name of current school: \_\_\_\_\_

### School fees:

Annual fees: \_\_\_\_\_

Fees paid regularly      Yes                      No

Fees paid to date                      \_\_\_\_\_

Fees outstanding                      \_\_\_\_\_

Other comments: \_\_\_\_\_

I hereby confirm that the above information is correct.

Name of Head/Bursar \_\_\_\_\_

Signature of Head/Bursar \_\_\_\_\_ Date \_\_\_\_\_



**SCHOOL STAMP**

### **CBC ST JOHN'S BANKING DETAILS:**

#### **Standard Bank**

Bayside Branch

Branch Code: 022209

#### **Account Name:**

CBC St John's Parklands

Account No.: 271102934

**Reference: Child's surname /APP**



## DEBIT ORDER AUTHORISATION FORM

### STUDENT DETAILS:

Student(s) Name & Surname	Grade	
1		
2		
3		
4		

### PERSON RESPONSIBLE FOR DEBIT ORDER

Account Holder (1)		Account Holder (2)	
Banking Institution			
Branch Name			
Branch Code			
Account No.			
Type of Account	Current/Cheque	Savings	Current/Cheque
	Transmission		Transmission
			(NB:-credit cards are <u>not</u> applicable)
Email Address			

### **Fees are due and payable in advance (see below)**

I/We hereby request and authorise you to draw against my/our account with the abovementioned bank (or any other bank or branch to which I/we may transfer my/our account) any variable amount pertaining to this agreement, on the

**27<sup>th</sup> working day for following month's fees**  **3<sup>rd</sup> working day for current month's fees**

The said variable amount will be in respect of monthly school fees and related costs due for payment.

All such withdrawals from my/our account by you shall be treated as though they had been signed by me/us personally.

I/We, the undersigned, instruct and authorise your agent, Sagepay (Pty) Ltd, to draw against my/our account.  
 I/We understand that if bank details have been supplied the withdrawals authorised here will be processed by BankServ.  
 I/we also understand that details of each withdrawal will be printed on my/our statement.

I/We agree to pay any banking charges relating to this debit order instruction.

This authority may be cancelled by means of giving you thirty (30) days' notice in writing, but I/we understand that I/ we shall not be entitled to any refund of amounts, which you have withdrawn whilst this authority was in force, if such amounts were legally owing to you.

### **Acknowledge undertaking**

I/We acknowledge that the party hereby authorised to affect the drawing/s against my/our account may not cede or assign any of its rights and that I/we may not delegate any of my/our obligations in terms of this contract/authority to any third party without prior written consent of the authorised party.

Signed at: \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_

1<sup>st</sup> Signature: \_\_\_\_\_ 2<sup>nd</sup> Signature \_\_\_\_\_  
 (As for signing cheques) (As for signing spouse, if applicable)

**INDEMNITY FORM**

I, the undersigned, .....

(please print full names)

being the guardian of .....

(please print full names)

hereby indemnify the College against any claims which may arise as a result of my child's participation in a sporting, cultural and educational tour / excursion arranged by the College, with the proviso that due notice is given of such tour / excursion, and generally in all College activities.

Whilst it is recognised that the College will take every precaution to ensure the safety and well-being of my child, I hereby indemnify and hold blameless the Board of Governors of the College, its employees, agents and parents against all claims which may arise in consequence of the death of or injury sustained or damage suffered by my child during the course of my child's participation in aforesaid, from whatsoever cause arising.

In the event of my child being injured, or in the event of illness, I hereby authorise the College and/or its agents and parents to procure such medical treatment/surgery as may be deemed necessary, hereby authorising them, on my behalf, to sign inter alia a consent to surgical and other procedures with the understanding that the College and/or its agents will endeavour to contact and inform the parents/legal guardian prior to such consent being signed. I hereby indemnify the College, its Board of Governors, its employees, agents or parents from all medical and hospital costs occasioned thereby, during sporting, cultural and educational tours, should the organisers and/or their agents deem it advisable to make special travel arrangements for the abovementioned child to be returned home due to unforeseen circumstances arising, I accept full liability for the additional costs which shall be incurred thereby. During sporting, cultural and educational tours/trips and excursions, I authorise the College and/or its agents to discipline the abovementioned child as may be deemed advisable. I further authorise the College and/or its agents, in the event of gross and/or persistent misconduct on the part of the child, as they do determine at their sole discretion, to send my child home by such means as may be deemed advisable, and accept full liability for the costs thereof. I further accept that no portion of the money paid for the tour/trip/ excursion will, in the above event necessarily be refunded.

.....

Signature

.....

Date

## CBC ST JOHN'S - A CATHOLIC INSTITUTION

CBC St John's has a long and proud tradition of offering quality faith-based education. The College is part of an international network of schools founded by Blessed Edmund Rice and operates under the aegis of the Christian Brothers' Association and the Archbishop of Cape Town.

As a Catholic school we exist as an expression of the Church's mission to share the gospel of Jesus. Whilst we welcome children of diverse backgrounds, we are very clear that our Catholic ethos is integral to who we are.

Upon admission to the College a commitment needs to be made to honour this ethos by agreeing to participate in;

1. The liturgical and prayer life of the school: Through prayer, reflection and liturgical services, we seek to deepen the child's relationship with God and the sacred;
2. The Religious Education Programme: Through Religious Education lessons, we seek to develop religious literacy, respect and dialogue;
3. The Social Justice Programme: Through charity and social justice work, we seek to form young people who will care deeply for humanity and all of creation.

## SOCIAL MEDIA

CBC St John's makes a constant effort to keep parents updated of school activities via the school's website, the official Facebook page, the Inside Story newsletter etc. By signing this document, I hereby authorise the following:

- I grant CBC St John's permission to photograph/video record my child (mentioned on page 1 of this Application Form) while involved in activities at CBC St John's.
- I grant the school permission to use any photographs/video footage/voice recordings of my child taken during their activities at CBC St John's to be posted on the school's website, Facebook page, brochures, flyers, school magazine or any other school-related publication or printed medium.
- I understand that I have the right to request, in writing, to have a photo removed from the website or Facebook page within 30 working days.
- I understand that all rights, title and interest in the photography or videography obtained belongs to CBC St John's and that I will receive no financial compensation for the use of these photos and /or video.

## COLLEGE POLICIES

CBC St John's school policies are reviewed regularly. Whilst representing CBC St John's, both on and off the school campus, all pupils are required to abide by and adhere to these policies at all times. These policies are available on request.

## CERTIFICATION AND CONSENT BY PARENT, GUARDIAN OF, OR PERSON RESPONSIBLE FOR APPLICANT/PUPIL:

I hereby certify that all the information recorded above and on the accompanying documents is true and correct and that I agree to abide by the understanding given in the sections above.

I hereby give consent for my child's present school to release information that may be of relevance to this application.

I (name) \_\_\_\_\_ agree, as a member of the school family (and on behalf of my son/daughter), to abide by all the stipulations as set out in this Application Form.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_



A Lead School of EREBB

EDMUND RICE EDUCATION  
**Beyond Borders**