

St. John the Baptist Catholic School

11 Amelia Street, P.O. Box 878 Roodepoort 1725
Tel: (27) (0) 11 763 1050; Fax: (27) (0) 86 672 8789
stjbc@mweb.co.za

FAMILY APPLICATION FOR ADMISSION – School Year 2018

Applications are due by September 15, 2017

Please type or print legibly all information. One form per family.

Father's Name _____

Religion of Father _____ Phone number _____

Father's work number _____ Email: _____

Mother's Name _____

Religion of Mother _____ Phone number _____

Mother's work number _____ Email: _____

Guardian's Name (If there is a non-parent guardian) _____

Guardian's Religion _____ Phone number _____

Home Address _____

Postal Address _____

Home Phone _____ Email: _____

Fax: _____

Emergency Contact _____

Name, Relationship and Number

What is your home language? _____

Are the parents married ? _____ In the Catholic Church? _____

Customary marriage? _____ In another religion (which)? _____

Do the father, mother and children all live together? _____

Does the family attend Sunday Mass? _____ Where? _____

There is a non-refundable R 600.00 application fee for each new student, which must accompany this application. If there is more than one child in the family, complete a separate student application form for each child.

Returning this application form and paying the fee does not mean that the child has been accepted to St. John the Baptist Catholic School. Academic testing is generally also required. Parents will be notified if their child(ren) has (have) been accepted or not.

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STUDENT'S APPLICATION FOR ADMISSION – School Year 2018

Grades R – 10 & IGCSE

Applications are due by September 15, 2017

Please type or print legibly all information. One form per student.

Name of student _____

Date of Birth _____ Place of Birth _____

Attach a copy of the birth certificate,

Baptism date and place _____

If yes, attach a copy of the baptismal certificate. If not baptised write NOT BAPTISED

First Communion _____ Date _____

Yes or No

Confirmation _____ Date _____ If yes, attach a copy of the Confirmation Certificate

Previous School Name _____

Address _____

Phone _____ Fax _____ Email _____

Last Grade Completed _____ Grade Average _____

NOTE: Transfer students will be assessed by our teachers to determine which grade at St. John the Baptist School is proper for them.

Discipline and Health (If any of these answers is YES, explain on a separate sheet.)

Has the child had discipline problems at home? Yes _____ No _____

Has the child had discipline problems at school? Yes _____ No _____

Does the child have a physical, mental, medical or other difficulty which will affect his/her education? Yes _____ No _____

Has the child been diagnosed with a learning disability? Yes _____ No _____

Is the child on medication and/or treatment? Yes _____ No _____

Does the child suffer from any allergies? Yes _____ No _____

Does the child require a special diet? Yes _____ No _____

I understand that St. John the Baptist School is a fee paying school and that the fees paid by the parents are the principal funding of the school. I have looked at the fee schedule and am willing and able to pay the fees for the child(ren) named in this application.

Signature of person responsible for paying the fees: _____

Name of this person, please print _____

Relationship of the fee payer to the child(ren) _____

I have read the code of conduct and will agree to all the rules in it if my child is accepted to the school. _____

I want my child to study as a first additional language (except Grade R): Zulu/Afrikaans (*circle one*).

Signature of parent(s)/ guardian(s) _____

600.00 fee attached per new student registered.

