



**HOLY ROSARY
INDEPENDENT COMBINED SCHOOL**
Light of Christ

PHOTO

Registration Application Form

STUDENT DETAILS

Surname:

Full Name/s:

Date of birth:

Gender: Male Female

Age:

Identity/ passport number:

Left/Right-Handed:

Lurits Number:

Residential address:

Code:

Home Language:

Religion:

Current School:

Date of admission into current school:

Proposed year of entry:

Proposed grade of entry:

BIOLOGICAL FATHER/GUARDIAN DETAILS

First name/s and surname:

Marital status: ☐ Married ☐ Widowed ☐ Divorced ☐ Separated ☐ Re-married ☐ Single
☐ Common-law

Date of birth:

Identity/passport number:

E-mail address:

Residential Address:

Code:

Employer's name:

Occupation

Employer's physical address:

Religion:

Code:

Phone(w):

Phone(h)

Cell:

BIOLOGICAL MOTHER/GUARDIAN DETAILS

First name/s and surname:

Marital status: ☐ Married ☐ Widowed ☐ Divorced ☐ Separated ☐ Re-married ☐ Single
☐ Common-law

Date of birth:

Identity/passport number:

E-mail address:

Residential Address:

Code:

Occupation:

Religion:

Employer's physical address:

Code:

Phone(w):

Cell:

Phone(h)

FAMILY STATUS (With whom does your child reside):

- ☐ With both natural parents
- ☐ with widower (father alone) ☐ With widow (mother alone) ☐ With stepmother and natural father
- ☐ with stepfather and natural mother alone, parents ☐ mother with natural father alone, ☐ parents divorced With natural divorced

With guardian/s explain below

Other (explain below)

SIBLINGS

Name	Current school	Grade	Age

PERSON RESPONSIBLE FOR PAYMENT OF SCHOOL FEES

First name/s:

ID number

Surname

Phone(w):

Phone(h)

Cell:

E-mail address:

Residential address:

Payment ☐ ☐ ☐ **frequency:** Annually Quarterly
Monthly

MEDICAL DETAILS

Medical aid: Medical aid number

Doctor's name: Doctor's contact number

Doctor's name:

HEALTH STATUS OF YOUR CHILD

Any medical condition eg.ear problem/glasses/diabetic/epileptic/sinus sufferer/chronic medication

MEDIA PERMISSION

During the school year, staff and media representatives may want to interview, photograph or video your child for use in publications, television reports, public presentations and websites. The photographs may be of groups of students or individuals. Should parents not want their children appearing in any marketing material, then a formal letter to the Principal is required.

REQUIRED SUPPORTING DOCUMENTS TO ACCOMPANY THIS APPLICATION

NO.	DOCUMENT	TICK (✓) IF SUBMITTED
1.	A NON-REFUNDABLE APPLICATION FEE OF R50.00	
2.	A NON-REFUNDABLE REGISTRATION FEE OF R600.00	
2.	COPY OF LEARNER'S BIRTH CERTIFICATE	

3.	COPY OF ROAD TO HEALTH CARD	
4.	2 X ID PHOTOS OF THE LEARNER	
5.	COMPLETED APPLICATION FORM	
6.	PARENT/LEARNER CONTRACT SIGNED	
7.	LEARNER'S CODE OF CONDUCT SIGNED BY PARENT	
8.	TRANSFER LETTER AND FINANCIAL CLEARANCE FROM THE PREVIOUS SCHOOL	
9.	SCHOOL REPORT FOR THE LAST QUARTER THE LEARNER LEFT THE PREVIOUS SCHOOL	
10	A PLACEMENT INTERVIEW HAS BEEN WRITTEN BY THE PROSPECTIVE LEARNER	

SUBMISSION OF THE APPLICATION FORM DOES NOT GUARANTEE AUTOMATIC ACCEPTANCE OF THE LEARNER

Signature of father/guardian

Signature of mother/guardian

Date

Date

Signature of Administration
representative

Date