



PRE- PRIMARY APPLICATION FORM - 2022

CHECK LIST OF DOCUMENTATION - PRIMARY AND HIGH SCHOOL APPLICATIONS CLOSE - 31 AUGUST 2021 AT 12H00

	ID <u>Photo</u> of learner
	Court order or guardianship (if applicable)
	Learner's birth certificate/ID book/ passport
	ID of parents
	Report of previous School or Play Group
	Copy of municipal account
	Immunisations clinic card
	Proof of employment (both parents)
	Self-employed: business registration certificate/ Tax clearance
	Transfer from another city - proof thereof
	Sign where applicable and initial every page (both parents)

THERE ARE LIMITED PLACES AVAILABLE IN THE PRE-PRIMARY FOR 2022. PLACES IN OTHER GRADES WILL ONLY BE AVAILABLE WHEN CURRENT LEARNERS LEAVE THE SCHOOL

IF YOUR DAUGHTER IS ACCEPTED, A NON – REFUNDABLE DEPOSIT OF - R6000, IS PAYABLE WITHIN 14 WORKING DAYS. NON-PAYMENT RESULTS IN WITHDRAWAL OF THE SPACE RESERVED.

THE LANGUAGE OF LEARNING AND TEACHING IS ENGLISH

The Application Form must be printed and scanned, and e-mailed together with all relevant documents to: admissions@stms.co.za on one e-mail



PRE-PRIMARY APPLICATION FORM 2022

PLEASE ATTACH A COLOUR PASSPORT PHOTO HERE	<u>FOR OFFICE USE</u>	<u>FOR OFFICE USE</u>	<u>FOR OFFICE USE</u>
	Application received: Date: _____	Notes: _____ _____ _____ _____ _____ _____	Notes: _____ _____ _____ _____ _____ _____
	Accepted: _____ Waiting List: _____		
	Date: _____		

**Please complete in full and in BLOCK LETTERS and submit by
31 July 2021 at 12h00 via: E-MAIL: admissions@stms.co.za**

LIMITED PLACES ARE AVAILABLE WITHIN THE PRE-PRIMARY SCHOOL FOR 2022.

NO APPLICATION FORM WILL BE ACCEPTED IF NOT FULLY COMPLETED. PLEASE ENSURE THAT YOU COMPLETE AND SIGN THE APPLICATION FORM WHERE APPLICABLE AND THAT ALL RELEVANT DOCUMENTS ARE ATTACHED.

Application for admission to Grade for 2022

DETAILS OF APPLICANT									
SURNAME:									
FIRST NAME(s):				Called Name:					
Identity number :				Cell Number:					
Home language:				Nationality:					
Religion:									
Residential Address where applicant resides:									
							Postal Code:		
Applicant living with:		Both parents	Mother	Father	Guardian	Other:			
Parent(s) deceased:		None	Mother	Father	Communication to:		Both parents	Mother	Father
Medical conditions: e.g. Asthma, Epilepsy				LSEN (Special Education Needs) e.g. ADD/ADHD					

Parents Initials



SISTER(S) CURRENTLY AT ST MICHAEL'S SCHOOL

Name:		Grade:	
Name:		Grade:	

ANY BROTHER(S) OR OTHER SISTER(S) IN THE FAMILY, OR SIBLINGS (if in another school/academic institution please indicate)

Name:				
Name:		Name of school:	Age:	
Name:		Name of school:	Age:	

PAYMENT OF SCHOOL FEES

Please note that St Michael's School is a **FEE PAYING SCHOOL** in terms of the relevant legislation, and that by enrolling your daughter at this school, you are **accepting the responsibility for payment of school fees and any other school related costs.**

Who will be responsible for the school fees?	FATHER		MOTHER		OTHER:	
PAYMENT METHOD:	Monthly		Quarterly		Annually	

Please furnish us with the information of **OTHER PERSON/ENTITY** who will be responsible for fee payments

SURNAME:		Title :
FIRST NAMES:		
Identity no:		Cell no:
Email :		
Occupation:		Employer: <i>(if self-employed, state business' name)</i>



FATHER'S DETAILS (If Remarried, please complete 'Step Mother's details' on page 5 of this application)

SURNAME:							TITLE:	<small>(E.g. Mr / Dr / Adv.)</small>		
FIRST NAME(s):										
Identity number:										
Occupation:										
Employer: <small>(If self-employed, state name of business)</small>							How long employed at current employer:			
Marital Status <small>(please indicate with an X)</small>	Single	Married	Separated	Divorced	Living together	Remarried	Widowed			
Contact numbers:	HOME					WORK				
	CELL					OTHER				
Email address:										
Residential address:										
							Postal code:			
Postal address: <small>(if different to residential)</small>										
							Postal code:			

MOTHER'S DETAILS (If Remarried, please complete 'Step Father's details' on page 5 of this application)

SURNAME:							TITLE:	<small>(E.g. Mrs / Ms / Dr / Adv.)</small>		
FIRST NAME(s):										
Identity number :										
Occupation:										
Employer: <small>(If self-employed, state name of business)</small>							How long employed at current employer:			
Marital Status <small>(please indicate with an X)</small>	Single	Married	Separated	Divorced	Living together	Remarried	Widowed			
Contact numbers	HOME					WORK				
	CELL					OTHER				
Email address:										
Residential address:										
							Postal code:			
Postal address: <small>(if different to residential)</small>										
							Postal code:			

Parents Initials

STEP FATHER'S DETAILS

SURNAME:											TITLE:	<i>(E.g. Mr / Dr / Adv.)</i>	
FIRST NAME(s):													
Identity number :													
Occupation:													
Employer: <i>(If self-employed, state name of business)</i>													
Telephone numbers:	HOME							WORK					
	CELL							OTHER					
Email address:													
Residential address:													
											Postal code:		

STEP MOTHER'S DETAILS

SURNAME:											TITLE:	<i>(E.g. Mrs/ Ms / Dr / Adv.)</i>	
FIRST NAME(s):													
Identity number:													
Occupation:													
Employer: <i>(If self-employed, state name of business)</i>													
Telephone numbers:	HOME							WORK					
	CELL							OTHER					
Email address:													
Residential address:													
											Postal code:		



LEGAL GUARDIAN

(Please attach CERTIFIED COPIES of legal documentation & Guardian's ID document and proof of residence to this application; failure to do so will result in application NOT being processed.)

SURNAME:		Title :	
FIRST NAME(s):			
Relation to applicant:			
Tel (HOME):		Tel (WORK):	
Cell no:		Fax no:	
Physical address			

Signed at _____ this _____ day of _____ 20 _____

FATHER

MOTHER

MALE GUARDIAN

FEMALE GUARDIAN

APPLICATION FORMS CANNOT BE ACCEPTED WITHOUT THE FOLLOWING DOCUMENTATION BEING ATTACHED: PLEASE NOTE ALL COPIES MUST BE CERTIFIED

- ID photo of learner
- **Certified** copy of Court Order or guardianship. (if applicable)
- **Certified** copy of learner's birth certificate / ID book / passport, if immigrant. Immigrants must supply study permits once accepted.
- **Certified** copy of ID book of parents/guardians. Copy of Court Order or guardianship / curatorship certificate. (if applicable)
- **Certified** copy of previous school's/play groups report if applicable.
- **Certified** copy of immunizations on Clinic Card,
- **Certified** copies of parents' latest municipal account (water, electricity and property taxes ONLY). If renting, attach statement.
- **Certified** or on an original letterhead, a letter from both parents' employers, confirming the nature of employment contract (i.e. Type, Position and Employment Period).
- **Certified** copies of business registration certificate and a valid Tax clearance certificate, in the case of self-employed parents and person responsible for fees payment.
- **Late applications made because of transfer need to be confirmed by employer in writing.**

IMPORTANT INFORMATION.

- **Please ensure that you apply at a number of other schools.** If you do not hear from the school by **1 November 2021**, your daughter has not been accepted into the school and will be placed on the waiting list.
- An application that is not successful will NOT be carried over to the next year.
- **The Language of learning and teaching at St Michael's is English. The learner should therefore be able to communicate fluently in English.**
- The date of submission of the application form is not a criterion used for admission. All applications are processed after the closing date.
- Permission will not be requested if photos of your daughter are used for promotional or marketing purposes of the school.



DECLARATION

- I, _____ parent /guardian of the learner do hereby declare that all the information provided to the School on this application form is true and correct.
- I acknowledge that if the information on this form is incomplete or the relevant documents are not attached, the application will not be processed.
- We undertake to accept and abide by the Admission Policy and Code of Conduct of the School, and all other policies, rules and regulations of the School's Governing Body.
- I declare that I/We are in a financial position to pay the school fees as adopted.
- **I undertake to pay a non-refundable deposit amount of R6000.00 by no later than 14 working days after my daughter has been accepted by the school, the amount of which will become deductible from the fees due during the first term. NON-PAYMENT OF DEPOSIT BY THE DUE DATE WILL RESULT IN THE WITHDRAWAL OF SPACE RESERVED FOR MY DAUGHTER.**
- I undertake to pay all fees due in advance at the beginning of each term. I understand that the payments received will firstly be credited to the school account and then boarding fees. Failure to settle boarding fees in advance will result in the learner being requested to vacate the hostel with immediate effect.
- I acknowledge that St Michael's is a **FEE-PAYING SCHOOL** in terms of the applicable legislation. Thus the payment of school fees is compulsory and furthermore I accept an obligation to contribute financially towards the education the learner will receive, liability of which may be enforced by due process of the law in the event of non-payment.
- I undertake to pay the fees strictly in accordance with the payment arrangements agreed to on the Acceptance form.
- I shall be liable to pay interest on overdue school fees at a rate of 2% per month calculated from due date to payment in full.
- Parents/guardian will be liable for all the legal costs incurred in the event of any outstanding fees being handed over for collection through the school's attorneys, Parents/guardian will be liable for all the legal costs incurred. The account shall be handed over after 90 days from the date the fees became due.
- We, the undersigned, confirm joint responsibility for the payment of the school fees and hostel fees.

PERSONAL DETAILS			SIGNATURE	DATE
Father	Name			
	ID no.			
Mother	Name			
	ID no.			
*Guardian	Name			
	ID no.			
Person responsible for payment, if not Parent or Guardian	Name			
	ID no.			