



In Peace and Joy

ST.THERESA'S CONVENT SCHOOL



14 Riversdale Street Coronationville
PO Box 88741 Newclare 2112
admin@stcschool.co.za
www.stcschool.co.za

Tel: 011 477 7611
Fax: 011 673 1614

Please email your application form along with all the required documents to **admissions@stcschool.co.za**

Application Form

Pupils Surname: Gender.....
Names:
Date of birth (Certified copy of Birth Certificate required):
Home Language: Race: Nationality :
Religious Denomination (Pupil):
School last attended (if applicable):
Grade at date of application: Grade applying for: In the year:

Remarks

- Scholastic ability (mention weak subjects if applicable):
- Health:
- General:

If candidate has brothers/sisters attending this school, state names and classes:

Parent 1/Guardian - (Person responsible for the payment of school fees)

Surname: Full Names:
Gender: Relationship to Pupil:
Telephone Numbers: (C)..... (H): (W):
ID No (Certified copy of ID required): Email:
Home Address:
Occupation: Name of Employer:

Parent 2/Guardian

Surname: Full Names:
Gender: Relationship to Pupil:
Telephone Numbers: (C)..... (H): (W):
ID No (Certified copy of ID required): Email:
Home Address:
Occupation: Name of Employer:

*Note: A registration fee of R600.00 must accompany this form. R2000 Acceptance must be paid at the time of acceptance
By my/our signature I/We confirm that I/We have read and understood the terms and conditions contained on the reverse hereof.*

.....
DATE:

.....
SIGNATURE: PARENT 1 / GUARDIAN

.....
SIGNATURE: PARENT 2 / GUARDIAN



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Terms and Conditions Applicable on Acceptance.

Where applicable the most recent School Report should accompany this Application.

I/We certify that the above particulars are correct, and that my son / daughter is/are of good health, and good moral conduct.

I/We hereby give consent for my son / daughter to receive medical treatment in the case of emergency as the Principal of the School or any duly appointed person deems fit and appropriate.

I/We hereby absolve the school, the Principal of the school and any duly appointed person, as set out above, and hold them blameless should any claim arise in connection with possible injury of my son / daughter or damage to property.

I/We undertake to observe the rules and regulations of the school for the time being in force, to accept the decision of the Principal on any contentious matter regarding my son's / daughter's schooling and conduct, to pay the stipulated fees, and to give one term's written notice of withdrawal of my son / daughter. **Failure to give the stipulated notice will render the parents or guardian liable to a term's fees in lieu thereof.**

I/We consent to St Theresa's Convent school sharing information on our account with other credit grantors and credit bureau/Debt Collectors.

I/We consent to our child being photographed during school and sporting event, which could be used on our social media platform.

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|---|---|
| FOR OFFICE USE - NB: The following is to be attached to your application form and checked | V |
| Certified copy of Applicant's Birth Certificate | |
| Clinic Card | |
| Latest Report Card | |
| ID Size photo of child | |
| Parents/Guardians ID Documents | |
| Proof of Residential Address | |
| Proof of Employment | |
| R600 Registration Fee | |
| Fourth Terms Report Card and Transfer (Where Applicable) | |

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