



112 Park Drive  
Central  
Port Elizabeth

**St George's College**

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[www.stgeorgescollege.co.za](http://www.stgeorgescollege.co.za)

<b>GRADE:</b>	<b>8</b>	<b>9</b>	<b>10</b>	<b>11</b>	<b>12</b>
<b>Expected date of admission:</b>			____/____/____ YYYY / MM / DD		

<b>PUPIL'S SURNAME:</b>		<b>INITIALS:</b>	
<b>PUPIL'S NAME:</b>		<input type="checkbox"/> <b>MALE</b>	<input type="checkbox"/> <b>FEMALE</b>

1	Preferred name:													
2	Date of Birth:	YYYY / MM / DD												
ID No. <i>(A certified copy must be attached)</i>														
3	a) Country of Birth													
	b) Home Language													
4.	Brother(s) and/or sister at St George's Schools?	Yes <input type="checkbox"/>			No <input type="checkbox"/>									
<b>Present School Details</b>														
a)	School Name:											Grade:		
Address:														
												Postal Code:		
School Contact No.		(code)												

**Health Details (Medical Aid/Doctor)**

Doctor's Name:			Contact No.		
Medical AID:			M/Aid No.		
Indicate any Special health conditions and/or allergies (e.g. ADD, ADH, diabetes, epilepsy, allergic to penicillin)					

**Extra-Mural Activities:**

*(Please note that all pupils are expected to participate in sport and/or cultural activities. Below please list, with details of team membership, those in which your son/daughter participates at present):*

Sport	Cultural
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<b>Leadership</b> <i>(Mention any position of leadership or responsibility)</i>	
<b>Religious Affiliation:</b>	
Do you, as a parent, have any conscientious objection to him/her participating in: Assembly: YES <input type="checkbox"/> NO <input type="checkbox"/> Bible Education: YES <input type="checkbox"/> NO <input type="checkbox"/> If YES please explain:	

***PARENT INFORMATION***

**A) PARENT(S) WITH WHOM PUPIL LIVES**

*(A condition of acceptance is that the pupil lives with their parents)*

**Surname:** 
**Marital Status:** 
**MICP**  **MOCP**   
*Indicate whether married IN (MICP) or OUT (MOCP) of Community of Property.*

**FATHER**

Name:	<input style="width: 95%;" type="text"/>	ID No.	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>
Occupation:	<input style="width: 95%;" type="text"/>										Employer:	<input style="width: 95%;" type="text"/>							
Address:	<input style="width: 98%;" type="text"/>																		
	<input style="width: 98%;" type="text"/>																		
													Postal Code:	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	
Work Telephone No.	(code) <input style="width: 95%;" type="text"/>																		

**MOTHER**

Name:	<input style="width: 95%;" type="text"/>	ID No.	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>
Occupation:	<input style="width: 95%;" type="text"/>										Employer:	<input style="width: 95%;" type="text"/>								
Address:	<input style="width: 98%;" type="text"/>																			
	<input style="width: 98%;" type="text"/>																			
													Postal Code:	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>		
Work Telephone No.	(code) <input style="width: 95%;" type="text"/>																			

**Residential Address:**

Address:					
		Code:			
Telephone No.		(code)			

**Postal Address:**

Address:					
		Code:			

Address where accounts must be sent: Residential Postal **Contact Details:****FATHER**

Cell: \_\_\_\_\_ email: \_\_\_\_\_

**MOTHER**

Cell: \_\_\_\_\_ email: \_\_\_\_\_

**Credit References**

Name	Address	Telephone

**DECLARATION BY PUPIL'S PRESENT SCHOOL**

I/We declare that all fees due in respect of: \_\_\_\_\_

*Pupil's full name*

<i>Annual Fees</i>	<i>R</i>	<i>Paid in Full</i>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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<i>Still Outstanding in the amount of:</i>	<i>R</i>
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\_\_\_\_\_  
*Principal's Signature*

*Date :*

SCHOOL STAMP
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## **DECLARATION BY PARENT/S OR GUARDIAN/S**

Should the pupil named above be admitted to the St George's College

### **A. SCHOOL POLICY**

I/We undertake to see that he / she abides by the following:

1. Compulsory regular attendance on all school days, unless prevented through illness.
2. Correct wearing of the school uniform, as laid down, and ensuring that no non-regulation items of jewellery, other than a watch and/or Medic Alert disc, are worn with the uniform.
3. His / her responsibility to the school at all times for his / her behaviour in public whether or not he / she is wearing school uniform.
4. The Code of Conduct, constitution and other internal rules.
5. **NO BOY OR GIRL MAY SMOKE OR HAVE IN HIS / HER POSSESSION ANY FORM OF ALCOHOL, NICOTINE, DRUGS OR DANGEROUS WEAPON / ARTICLE WHILE ON SCHOOL PREMISES OR WEARING SCHOOL UNIFORM.**

### **B. SEARCH**

I/We acknowledge the right of the school authorities to search a pupil or any other articles on school premises should there be a suspicion of the presence of drugs/alcohol, stolen articles or dangerous weapons and accept that any restrictions which this may pose on the right of the pupil are reasonable and necessary for the smooth running of the school and the welfare of all pupils.

### **C. SCHOOL FEES**

I/We understand

1. that in terms of a resolution adopted by the Governing Council, payment of school fees is compulsory and that I/we as parent/s are liable for such school fees, which liability may be enforced by due process of law in the event of non-payment. I/We declare that I/we am/are in a financial position to pay the school fees as adopted;
2. that payment is to be effected by one of the methods stipulated by the governing body contained in its policy of fees structures;
3. that both parents are jointly and severally liable for payment of such school fees;
4. that any indulgence or extension granted by the school with regard to payment of school fees will not be regarded as a waiver of any of the rights of the school;
5. that in the event of school fees not being paid by the due date, whether by way of monthly instalment or by debit order, such failure on my/our part will cause the whole outstanding balance of the annual school fees then outstanding to become immediately due and payable;
6. that without limiting or detracting from the School's rights to enforce payment of any and all monies due to the School by the Applicant; the School may in its sole discretion:
  - 6.1. withhold the Pupil's school report if the fees for any given term not be paid by the end of that term;
  - 6.2. refuse the return of the Pupil to the School until school fees are paid up to date.
7. that in the event of the school being obliged to hand over for collection through its attorneys any outstanding school fees, I/we shall be liable for the legal costs incurred by the school for the collection of such outstanding fees on a scale as between attorney and client, including such collection commission which the school may be obliged to pay to its attorneys;
8. that I/we shall be liable to pay interest on any school fees not paid on the due date for payment of such fees at the rate of 2% per month calculated from due date to payment in full.
9. that I/we acknowledge that I am aware of and agree to the fact that the deposit of R2000 paid by me in regard to the pupil is non-refundable and will be forfeited in the event of my cancelling the registration of the pupil.
10. that the Applicant hereby indemnifies the School and its Staff or their authorised agents, against any and all claims arising out of any injury, death, loss, damages, costs or expense, including legal costs, suffered by the Pupil or Applicant during the period of enrolment of the Pupil at the School and whilst the Pupil is at or under the control of the School.

**D. NOTICE**

I/We undertake to give written notice of not less than 1 (one) school quarter in advance of my/our intention to remove the pupil from the school. I/We furthermore acknowledge and undertake to give the notice referred to herein on or before the first day of the last term of school if the pupil is not returning to the school the following year. Should I/We fail to give the notice as required herein, then I/We will be liable to pay a term's fees in lieu of notice.

**E. EMPLOYMENT DETAILS**

I/We hereby consent to my/our employer/s divulging my/our employment history and details to the school, if and when required.

**F.** I/We confirm that I/we have read and fully understand the conditions contained in this application form and certify that the information supplied is correct.

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

Father/Guardian

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

Mother/Guardian

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

Witness

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

**PLEASE NOTE THAT CERTAIN DOCUMENTS MUST ACCOMPANY THIS APPLICATION**

1. Certified copy of **Birth Certificate** or Identity Book of the **learner**.
2. Certified copy of **Identity Document** of **each parent** and/or **guardian**.
3. Copy of **latest report** from the pupil's present school. If the mid-year report is not available at the time of submission, the previous year's December report should be submitted and the mid-year report be forwarded as soon as this is available.

**YOUR APPLICATION WILL NOT BE CONSIDERED IF THE ABOVE-MENTIONED ITEMS DO NOT ACCOMPANY THE APPLICATION FORM.**