

ST PETER'S PREP SCHOOLS

FOR OFFICE USE	
Application Received	
Paid	
Amount	
Date	
Signed	

APPLICATION FORM (Grade 0 – Grade 7)

Pupils Surname	First N	ame					
Boy Girl	Date of Birth	: Year	Month	Date			
Year when admission desired:	Grade:		(Grade 0: the ye	ar of his/her 6 th birthday)			
Brother/s currently at St Peter's:							
Name		Grade	Yo	ear			
Sister/s currently at St Peter's:							
Name		Grade	Yo	ear			
Complete the details for any sibling application already so	ubmitted:						
Name		Grade	Yo	ear			
Name		Grade	Y(ear			
Please tick if applicable:							
Father is an Old Boy	Grandfat	her is an Old B	Зоу				
Parent is a staff member at St Peter's Schools College pupil who did not attend the Prep							
If Father or Grandfather is an Old Boy: Year left St Peter's House							
Pupil's present school (Grade 1 - 7)			Tel No:				
Should you consider yourself to be a member of a historically disadvantaged group, please tick one of the following: Race:							
African Coloured			Asiar				
Nationality of child:							
Disability: State Nature							

PARENT DETAILS

Parent A

Surname	FIRST NAMETITLE					
ID NUMBER	Marital status					
Phone (H)(W)	Cell					
OCCUPATION & POSITION /						
Parent B						
Surname	First nameTitle					
ID NUMBER	Marital status					
Рноле (н)(w)	Cell					
Occupation & Position/	Сомрану наме					
Physical address	Code					
Postal address	Code					
CORRESPONDENCE WILL BE EMAILED TO PARENTS:						
FATHER'S EMAIL ADDRESS						
MOTHER'S EMAIL ADDRESS						
HOME EMAIL ADDRESS						

*Correspondence will be sent to home email address. Ensure that the school has your correct email address for future correspondence.

THE FOLLOWING MUST ACCOMPANY THIS FORM:

SA Citizens	Foreign Pupils		
Birth Certificate	Birth Certificate		
R500 registration fee (Non Refundable)	R500 registration fee (Non Refundable)		
Latest school report (Gr 1 – 7)	Latest school report (Gr 1 – 7)		
	Permanent/Temporary Residency OR Study Visa		
	R600 Foreign pupil levy per annum (Only when place is offered)		

Email documentation to <u>admissions@stpeters.co.za</u>. A letter confirming receipt of your application will be emailed to you. It is your responsibility to contact the Admissions Officer should you not receive the emailed letter. Contact number for the Admissions Officer: 011 705 3423

PLEASE NOTE:

The Credit Grantor may perform a search on the applicant's credit profile with one or more of the Registered Credit Bureau when assessing the Applicant's application for credit.

Information supplied in this application may be used for credit and reference checks prior to the application/enrolment being approved.

Please note that we can only accept children from other ISASA member schools if the sending school certifies that no financial accounts are in arrears.

Applications for siblings must be submitted immediately after birth in order to guarantee acceptance. Delayed applications may result in the sibling receiving Waiting List status.

When a child's place has been confirmed by the School, the parents will receive a booklet containing an Admissions Form Agreement, Conditions of Admission including indemnity declaration, the Code of Conduct and the Disciplinary Procedure. The Agreement booklet must be signed by both parents and returned to the School as a pre-condition of acceptance.

I/We, the undersigned parent/legal guardian, hereby consent to the collection and processing of my/our personal information for the purpose of processing this application and all relevant administrative and governance purposes relating thereto. I/We confirm that the personal information supplied is true and accurate. Personal information is protected in terms of the Protection of Personal Information Act 4 of 2013).

DATED AT	this	day of	20



Signature _