



St Henry's  
Marist College

St. Henry's Marist College

APPLICATION FOR ADMISSION

Should you need assistance, please feel free to contact our Admissions Office on 031- 2617369 (Option 1) or [admissions@sthenrys.co.za](mailto:admissions@sthenrys.co.za).

LEARNER'S SURNAME: \_\_\_\_\_

LEARNER'S FIRST NAMES: \_\_\_\_\_

PROPOSED YEAR OF ENTRY: \_\_\_\_\_

PROPOSED GRADE OF ENTRY: *Tick the appropriate box:*

GR 000	Gr 00	Gr.R	Gr.1	Gr.2	Gr.3	Gr.4	Gr.5	Gr.6	Gr.7	Gr.8	Gr.9	Gr.10	Gr.11	Gr.12
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**PLEASE COMPLETE THE APPLICATION FORM BELOW AND RETURN IT TO ST HENRY'S MARIST COLLEGE TOGETHER WITH:**

**Please note that certification of copies of all documents should be no older than 3 months.**

1. Proof of payment of the application fee. Payment of the application fee can be made via cash, card or EFT.
2. Certified copies of the Learner's two latest term's School Reports (if applicable) .
3. Certified copy of the Learner's Unabridged Birth Certificate.
4. Certified copy of Health Certificate confirming that all statutory inoculations have been administered (Grades 000 to 7 applicants only).
5. Certified copies of the Learner's Parents / Guardians / Third Party's ID books /smart ID cards.
6. Certified copy of a utility bill or lease agreement not older than 3 months with the Parents / Guardians / Third Party's physical address thereon.
7. Fee statement from the Learner's current school.
8. In order to confirm affordability and to facilitate the acceptance of this application, kindly attach copies of the last 3 months bank statements and salary slips of both Parents / Guardians / Third Party. In the event of self employment, please also provide a letter from the Accountant / Public Officer detailing income or alternatively a copy of the most recent financials of the business certified by the Accountant / Public Officer, along with relevant company documentation including tax clearance certificates.

**Please note that St Henry's reserves the right to request additional documentation if required.**



**All signatories to initial:**

**CONSENT IN RESPECT OF CREDIT CHECK**

**PLEASE NOTE:** The College reserves the right to conduct any credit bureau searches it deems necessary on any signatory hereto, and to satisfy itself that the Parent/Guardian/Third Party can afford the fees and extras charged by the College at time of submission of the Application. Accordingly, please complete the section below:

I / we, the undersigned, hereby authorize St Henry's Marist College to conduct credit enquiries and/or obtain credit reports in respect of my / our credit profile as may be necessary with the credit bureau of its choice.

**FATHER / GUARDIAN:**

FULL NAME: \_\_\_\_\_

ID NO: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

**MOTHER / GUARDIAN:**

FULL NAME: \_\_\_\_\_

ID NO: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

**THIRD PARTY (IF APPLICABLE):**

FULL NAME: \_\_\_\_\_

ID NO: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_



**All signatories to initial:**

**A. LEARNER'S DETAILS**

<b>SURNAME</b>		<b>DATE OF BIRTH</b>	
<b>FIRST NAMES</b>		<b>CITIZENSHIP</b>	
<b>PREFERRED NAME</b>		<b>HOME LANGUAGE</b>	
<b>GENDER (mark with X)</b>	BOY <input type="checkbox"/>	GIRL <input type="checkbox"/>	

<b>RELIGION</b>	
<b>NAME OF PARISH (IF CATHOLIC)</b>	

<b>LEARNER'S PRESENT SCHOOL</b>		<b>ADDRESS OF PRESENT SCHOOL</b>	
<b>LEARNER'S PRESENT GRADE</b>		<b>CONTACT NUMBER OF PRESENT SCHOOL</b>	
<b>LEARNER'S INTERESTS AND EXTRA-MURAL INVOLVEMENT (SPORTS, CLUBS, SOCIETIES ETC.)</b>			
<b>ANY PREVIOUS ACADEMIC / REMEDIAL HISTORY TO FLAG?</b>			

<b>NUMBER OF CHILDREN IN FAMILY</b>	
<b>WHO WILL THE CHILD RESIDE WITH DURING SCHOOL TERM</b>	
<b>ADDRESS OF CARER IF DIFFERENT FROM PARENT'S ADDRESS</b>	
<b>CONTACT NUMBER(S) OF CARER</b>	
<b>IF WE OFFERED BOARDING WOULD YOU BE INTERESTED?</b>	
<b>IF PARENTS ARE DIVORCED / SEPARATED, KINDLY ADVISE WHICH PARENT IS THE PRIMARY CAREGIVER OF THE CHILDREN (All correspondence and academic records will be addressed to this Parent)</b>	

<b>IS EITHER PARENT A PAST PUPIL OF THE COLLEGE IF SO, WHAT YEARS WERE THEY A PUPIL AND WHAT HOUSE DID THEY BELONG TO?</b>	
<b>IS EITHER PARENT A PAST PUPIL OF ANOTHER MARIST COLLEGE?</b>	
<b>IF SO, WHICH COLLEGE AND WHAT YEARS?</b>	
<b>DOES THE LEARNER HAVE SIBLINGS ASSOCIATED WITH ST HENRY'S?</b>	
<b>IF SO, KINDLY PROVIDE NAME, GRADE AND HOUSE</b>	
<b>HOW DID YOU HEAR ABOUT US? PLEASE TICK.</b>	FRIENDS / FAMILY WEBSITE SOCIAL MEDIA OTHER



**B. PARENT'S / GUARDIANS / THIRD PARTY DETAILS**

**FATHER:**

<b>FATHER / GUARDIAN'S SURNAME</b>			
<b>FATHER / GUARDIAN'S FIRST NAME</b>			
<b>FATHER / GUARDIAN'S PREFERRED FIRST NAME</b>			
<b>MARITAL STATUS</b>		<b>TITLE</b>	
<b>IDENTITY NUMBER</b>			
<b>RESIDENTIAL ADDRESS</b>			
<b>POSTAL ADDRESS</b>			
<b>TELEPHONE</b>	<b>HOME</b>		
	<b>CELL</b>		
	<b>BUSINESS / WORK</b>		
<b>EMAIL</b>			
<b>PROFESSION / OCCUPATION</b>			
<b>NAME AND PHYSICAL ADDRESS OF EMPLOYMENT</b>			
<b>IF SELF-EMPLOYED, PLEASE FURNISH THE NAME, NATURE AND PHYSICAL AS WELL AS REGISTERED ADDRESS OF YOUR BUSINESS</b>			

**MOTHER:**

<b>MOTHER / GUARDIAN'S SURNAME</b>			
<b>MOTHER / GUARDIAN'S FIRST NAME</b>			
<b>MOTHER / GUARDIAN'S PREFERRED FIRST NAME</b>			
<b>MARITAL STATUS</b>		<b>TITLE</b>	
<b>IDENTITY NUMBER</b>			
<b>RESIDENTIAL ADDRESS</b>			
<b>POSTAL ADDRESS</b>			
<b>TELEPHONE</b>	<b>HOME</b>		
	<b>CELL</b>		
	<b>BUSINESS / WORK</b>		
<b>EMAIL</b>			
<b>PROFESSION / OCCUPATION</b>			
<b>NAME AND PHYSICAL ADDRESS OF EMPLOYMENT</b>			
<b>IF SELF-EMPLOYED, PLEASE FURNISH THE NAME, NATURE AND PHYSICAL AS WELL AS REGISTERED ADDRESS OF YOUR BUSINESS</b>			

**IF A THIRD PARTY IS RESPONSIBLE FOR THE FEES, PLEASE FILL IN THE FOLLOWING DETAILS:**

<b>THIRD PARTY'S SURNAME</b>	
<b>THIRD PARTY'S FIRST NAME</b>	
<b>THIRD PARTY'S PREFERRED FIRST NAME</b>	



**All signatories to initial:**

**THIRD PARTY DETAILS CONTINUED:**

<b>MARITAL STATUS</b>		<b>TITLE</b>	
<b>MARITAL REGIME</b>	<b>IN COMMUNITY OF PROPERTY</b>	<b>OUT OF COMMUNITY OF PROPERTY</b>	
<b>IDENTITY NUMBER</b>			
<b>RESIDENTIAL ADDRESS</b>			
<b>POSTAL ADDRESS</b>			
<b>TELEPHONE</b>		<b>HOME</b>	
		<b>CELL</b>	
		<b>BUSINESS / WORK</b>	
<b>EMAIL</b>			
<b>PROFESSION / OCCUPATION</b>			
<b>NAME AND PHYSICAL ADDRESS OF EMPLOYMENT</b>			
<b>IF SELF-EMPLOYED, PLEASE FURNISH THE NAME, NATURE AND PHYSICAL AS WELL AS REGISTERED ADDRESS OF YOUR BUSINESS</b>			

**C. DEPOSIT AND ELECTION OF METHOD OF PAYMENT OF SCHOOL FEES**

1. Statements of account to be sent to the following email address (*PLEASE PRINT NEATLY*)

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2. As a period of payment I/we choose (*please mark with a X*)

<b>FULL YEAR IN ADVANCE</b>	
<b>FOUR EQUAL PAYMENTS (TERMLY)</b>	
<b>TEN EQUAL PAYMENTS (January to October)</b>	
<b>ELEVEN EQUAL PAYMENTS (January to November)</b>	
<b>TWELVE EQUAL PAYMENTS (January to December) – DEBIT ORDER ONLY</b>	

3. As a method of payment I/we choose (*please mark with a X*)

<b>DEBIT ORDER</b>	
<b>ELECTRONIC FUNDS TRANSFER (EFT)</b>	

4. If the Guardian and/or Third Party elect to pay the school fees by debit order, then the applicable debit order authorization set out below is to be fully completed and signed, and the signatory acknowledges that the debit order will remain in force until cancelled in writing by the signatory, and that the College will automatically adjust the debit order each year to take into account any increases in fees.



**All signatories to initial:**

**5. DEBIT ORDER AUTHORITY**

I, \_\_\_\_\_ (Full name) Id no. \_\_\_\_\_ hereby authorize

St Henry's Marist College to (**Please select either Option 1 or Option 2 by completing the applicable option**)

**OPTION 1:** Effect a Debit order against my bank account for the **monthly** payment of:

**Fees:**   
**Aftercare fees (Grades 000-7):**

Please select the date of the monthly debit order by placing a cross in the appropriate box below:

1st	10th	16th	22nd	26th
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**OR**

**OPTION 2:** effect a Debit order against my bank account for the **quarterly** payment of:

**Fees:**   
**Aftercare fees (Grades 000-7):**

The quarterly debit order will be effected before the end of the first week of each and every school term.

The details of the account to be debited appear below.

<b>BANK:</b>	
<b>NAME OF ACCOUNT HOLDER:</b>	
<b>BRANCH NAME:</b>	
<b>BRANCH CODE:</b>	
<b>ACCOUNT NUMBER:</b>	
<b>TYPE OF ACCOUNT E.G. SAVINGS/CURRENT ETC. (ATTACH A COPY OF A LETTER FROM THE BANK OR A STATEMENT)</b>	
<b>SIGNATURE:</b>	<b>DATE:</b>



**All signatories to initial:**

**In signing this Application Form,**

**I / We acknowledge, agree and confirm that:**

- 1. The information provided in this Form is true and correct.**
- 2. This application does not entitle our child to a place at St Henry's Marist College nor does it give rise to any expectation of admission. The application will be subject to the College's admission process as applicable at the time of the consideration of the application.**
- 3. I am / we are aware of the current fees and charges payable for a Learner at St Henry's Marist College and that an Admission Fee is payable on acceptance. Fees and charges are subject to review and adjustment from time to time at the discretion of the Board of Governors.**
- 4. I / We understand that we will be required to sign an admission contract, setting out the standard terms and conditions of St Henry's Marist College, if our child is offered a place and his/her admission will be subject to signature of such agreement.**
- 5. By submitting this document to the College, I /we acknowledge that we have read and accept the conditions set out in the Application for Admission.**

Signed at \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_  
 20\_\_\_\_\_.

\_\_\_\_\_  
Father/Guardian

\_\_\_\_\_  
Mother/Guardian

\_\_\_\_\_  
Third Party (if applicable)

SIGNATURE/S

Signed at \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_  
 20\_\_\_\_\_.

\_\_\_\_\_  
College Principal



**All signatories to initial:**



**PLEASE NOTE:**

- (i) This form must be fully completed, signed in full at the places indicated, every page initialled and the required documents must be attached thereto. **Incomplete applications will not be considered** and any alteration/variation thereto, electronic or otherwise will be regarded a *pro non scripto* (unwritten).
- (ii) If application is being made for more than one child, a separate application form is required for each child.
- (iii) Notification of Acceptance by the College will be in writing and subject to the payment of a non-refundable Acceptance Fee and return of a signed Terms and Conditions document and Code of Conduct document which will be supplied. The acceptance fee is payable within **15 calendar days** of the date of such written confirmation or before the commencement of the Learner's attendance at the College, whichever is the earliest, failing which it shall lapse and be of no further force or effect.

**Protection of Information:**

**Please note: We seek to comply with the requirements of the POPI Act which regulates the manner in which we collect, process, store, share and delete any personal information which you have provided to us. We collect personal information in order to process, validate and verify information that you have submitted for the purposes of making an application for enrolment and we retain such information when enrolment takes place. At all times, we take appropriate and reasonable technical and organisational measures to ensure that your personal information is kept confidential and secure. We may, however, be required to share personal information in order to comply with an applicable law or legal process.**

