



# ST. FRANCIS' COLLEGE MARIANHILL

## APPLICATION FORM

T/A Mariannhill Secondary Independent School  
 170 Abbot Francis Road  
 PO Box 11003  
**MARIANHILL, 3624**

**Telephone:**(031) 7002824

**E-mail:** admissions@saintfranciscollege.co.za  
 www.stfranciscollegemariannhill.co.za

Attach Passport Size  
  
 Colour Picture of  
  
 Applicant Here

**PROPOSED GRADE:** Please indicate (✓) proposed grade

8	9	10

LEARNER INFORMATION					
Surname				Date of Birth	
First Names				ID Number	
Preferred Name				Citizenship	
Home Language				Religion	
Gender	Male		Female		If Catholic, name of Parish
Name of current school				Interests / Extra - mural activities	
Boarder				Day Schdar	

LEARNER IMMIGRANT STATUS				
SA Resident? (If not, please complete immigrant status below)	Yes			No
Date entered South Africa				
Resident/ Immigrant				
Passport Number			Country Issued	

LEARNER MEDICAL DETAILS				
Medical Aid Name			Plan / Option	
Membership Number			Principal Member	
Doctor's Name			Doctor's Tel Number	
Medical Condition / Allergies				
Details of Physical and /or Learning Disabilities				
Dexterity of learner:	Right –Handed		Left – Handed	
Does the Learner have Sibling(s) at St. Francis College?	Name of Sibling:		Grade:	
Is the Learner's Father deceased?	Yes		No	
Is the Learner's Mother deceased?	Yes		No	

DETAILS OF PERSON RESPONSIBLE FOR SCHOOL FEES			
Surname		Mr / Mrs / Ms / Dr	
Full Names			
ID / Passport Number			
Home Telephone		Work Telephone	
Cellphone Number		Email Address	

PARENT / GUARDIAN (1) INFORMATION			
Relationship to Learner	Father / Mother / Guardian		
Surname		Mr / Mrs / Ms / Dr	
Full Names			
ID / Passport Number			
Marital Status			
Religion			
Home Telephone		Work Telephone	
Cellphone Number		Email Address	
Home Physical Address	Complex		
	Street Name & No		
	Suburb		
	City		
	Code		
Postal Address (If different to physical address)	PO Box No		
	City		
	Code		
Employer / Business Name			

PARENT / GUARDIAN (2) INFORMATION			
Relationship to Learner	Father / Mother / Guardian		
Surname		Mr / Mrs / Ms / Dr	
Full Names			
ID / Passport Number			
Marital Status			
Religion			
Home Telephone		Work Telephone	
Cellphone Number		Email Address	
Home Physical Address	Complex		
	Street Name & No		
	Suburb		
	City		
	Code		
Postal Address (If different to physical address)	PO Box No		
	City		
	Code		
Employer / Business Name			

Indicate who Learner lives with	Father		Mother		Legal Guardian		Custodian	
Address of Learner if not residing with parents	Complex							
	Street Name & No							
	Suburb							
	City							
	Code							
Contact Details of Person who Learner lives with								

FAMILY DETAILS			
In the case of separation /divorce			
Which parent does the child permanently reside with?	Mother		Father
Which parent has legal custody if separated/divorced?	Mother		Father
Is there right of access by the other parent if separated or divorced?	Yes		No
<b>If no right of access by one parent – please give details:</b>			

EMERGENCY CONTACT DETAILS		
Contact Name	Relationship to Learner	Contact Number

In case of an emergency, and should the Head be unable to contact the PARENT/GUARDIAN/DOCTOR, I agree that she/he may use her discretion in this regard. I also agree to be responsible for any medical expenses/charges incurred, i.e. taxi fare, ambulance fees, medical charges etc. and to indemnify **St. Francis College** and their staff, from any claim, which may arise as a result of this action.

### SUBJECT CHOICES: GRADE 10 ONLY

Compulsory Subjects:	Please indicate (√)
<input type="checkbox"/> isiZulu Home Language	√
<input type="checkbox"/> English First Additional Language	√
<input type="checkbox"/> Mathematics OR Mathematical Literacy	√
<input type="checkbox"/> Life Orientation	

Elective Subjects: (choose ONE subject under each option only)	Please indicate (√)
<input type="checkbox"/> <b>Option One</b>	
• Accounting	
• Geography	
• History	
<input type="checkbox"/> <b>Option Two</b>	
• Economics	
• Agricultural Science	
• Life Sciences	
<input type="checkbox"/> <b>Option Three</b>	
• Physical Science	
• Business Studies	
<input type="checkbox"/> <b>Option Four</b>	
• Computer Applications Technology (CAT)	
• DRAMA	
<b>NB: Option Four</b> is earmarked for learners who are interested and qualify to do 8 Subjects as per the directives of the Department of Basic Education (DBE)	

**1. DECLARATION BY THE PARENT/LEGAL GUARDIAN (PLEASE PRINT CLEARLY)**

I/WE (full names – please print) .....

the parent/s of (full names –please print) .....

hereby declare that the information and documents submitted in this application are true and correct. I/We undertake:

- to furnish certified copies of original, authentic documents as required.
- to inform the school in writing of any change of address or telephone number.
- to ensure that my child attends school regularly and notify the school in writing or telephonically should my child be absent from school, stating the reason for absence.
- to ensure that my child complies with the school’s **Code of Conduct** to respect the tradition and character of the school.
- to ensure that my child attends organised school activities.
- to ensure that the application form is complete. Incomplete forms will not be considered. If any information is fraudulent the application will be refused.
- to pay the school fees as set by the Board of Governors of the school.
- to pay all costs incurred for damage done or losses caused by my child to any school property.
- 

**2. UNDERTAKING TO PAY SCHOOL FEES**

I/We, (full names – please print) .....

.....

ID Numbers													

.....

the undersigned, do hereby confirm that I/We accept responsibility as PARENT/S as defined in terms of the broader definition of parent in Section 1 of the SA Schools Act No. 84 of 1996 (the Act). This in terms of the education provided/to be provided by Mariannahill Secondary Independent School to:

.....(Learner details).

And specifically undertake to be responsible for the school fees of the said learner as set by the school, the details of which I acknowledge the school has advised me on.

I accept the above address as my chosen domicile for service of all notices and legal documents unless I notify the school in writing of my change of address.

I authorise the school to do credit bureaux searches on me and in the event of any school fees due by me not being paid, I authorise the school to inform any relevant credit bureau and have my name listed with them.

I/We agree that the Principal, or his designates may act in loco parentis in the event of any injury, accident or incident in which my child may be involved. By signing below, I/We understand that the above declaration is binding on me/us for this application.

.....  
**Signature of Father/Legal Guardian**

.....  
**Date**

.....  
**Signature of Mother/Legal Guardian**

.....  
**Date**

Witnesses (to be provided by the parent)

1. **Name:** ..... **Signature** .....

**Date** .....

2. **Name:** ..... **Signature** .....

**Date** .....



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