

Residential Address: Section/Unit _____ Lot/Building _____
Street Name _____ Suburb _____
Postal Address: _____

Tel: _____ Email: _____

Student's Personal Information

Does the student have a disability? Yes No
Disability description _____

Does the student have a learning disability? Yes No
Learning disability description _____

Additional Comment (Other information that would assist with the care of the student)

Medical/Emergency Information

If we cannot contact you, in the event of an emergency please provide contact details of at least two other contacts

Contact Name 1 _____ Relationship _____

Tel (work/home) _____ Tel (mobile) _____

Contact Name 2 _____ Relationship _____

Tel (work/home) _____ Tel (mobile) _____

Doctor's Name _____ Clinic/ Medical Centre _____

Doctor's address _____

Tel: _____

Medical Conditions – *Please specify any medical conditions e.g. asthma, diabetes...*

Allergies – *Please specify any allergies suffered by the student e.g. peanuts ...*

Parent/guardian permission

I give my permission for the College to arrange medical treatment Yes No
in the event of college being unable to contact the Parent/Guardian.

Section C: Student's Family Information

Father's name _____

Occupation: _____

Address

Employer: _____

Work phone: _____

Home phone _____

Fax: _____

Mobile _____

Email: _____

Home Province _____

Country: _____

Section D

Please attach the following documents with this completed enrolment form.

- ID photo
- Proof of date of birth e.g. birth certificate.
- Baptism, First Holy Communion & Confirmation certificates (for Catholic families only)
- Application fee K50.00 **(Non-Refundable)**
- Current academic school reports
- Character reference from the previous school Principal
- Grade 8 Certificate for Grade 9
- Grade 10 Certificate for Grade 11

I hereby apply for enrolment of my child at St Joseph's International Catholic College.

Signature

Name of Parent or Guardian

Signature of Parent or Guardian

____/____/_____
Date

Section E

OFFICE USE ONLY

Date application received ___ / ___ / _____

Enrolment application fee receipt no _____

Documents received with application:

Baptism certificate Yes No
 First Holy Communion Yes No
 Confirmation certificate Yes No

Proof of age Yes No
 Character reference Yes No
 Academic records Yes No
 Grade 8/10 certificate Yes No

Date of interview ___ / ___ / _____

Entrance Test

Is entrance test required? Yes No

If yes, When? Date ___ / ___ / _____
Time _____

Principal's Note

Enrolment Type: Normal Short term Conditional

(Principal's signature)

(Date)

Date Parents informed of the decision ___ / ___ / _____

Registration No: _____

Enrolment Officer:

Name: _____

Signature: _____

Date: ___ / ___ / _____