



A Holy Family School
Established in 1875

Holy Family College



Independent Catholic School

PO Box 17075, CONGELLA, 4013
11 Convent Close, Glenmore, Durban, 4001
Tel: 031 – 205 5083 Fax: 031 – 206 1162
Email: admissions@holyfamilycollege.co.za
Website: www.holyfamilycollege.co.za

Attach Passport
Size Colour
Picture of
Applicant Here

ADMISSION APPLICATION

ALL APPLICATIONS MUST BE ACCOMPANIED BY THE FOLLOWING DOCUMENTATION

****NOTE - IF DOCUMENT IS NOT COMPLETE THE APPLICATION WILL NOT BE ACCEPTED****

1.	Copy of your child's last 2 report cards		Office check
2.	Fee Clearance letter from current school (Original or Certified Copy)		Office check
3.	School fee statement from January to Current		Office check
4.	Copy of your child's UNABRIDGED birth certificate / book of life		Office check
5.	Passport size colour photo must be attached to application		Office check
6.	Copy of immigration study permit / visa (At least 6 months before permit/visa expires)		Office check
7.	Copy of your child's immunisation certificate		Office check
8.	Copy of BOTH parents ID Books (even when a parent is NOT part of the current family set-up)		Office check
9.	Salary advice for BOTH parents (Original)		Office check
10.	Letter of acknowledgement and ID Document of person responsible for fees (if not the parents)		Office check
11.	Recent municipal rates or water account (Original)		Office check
12.	ONLY IF SELF-EMPLOYED - Letter from accountant / public officer – (Original) - Financials		Office check
13.	ONLY IF SELF-EMPLOYED - 3 Months bank statements		Office checks
14.	ONLY IF SELF-EMPLOYED - SARS Clearance Letter		Office checks
15.	R250.00 Application Fee (Paid upfront) Non-refundable		Office check
16.	R2,500.00 Admission Fee (To be paid upon acceptance) Non-refundable		Office check

PROPOSED GRADE: Please indicate (✓) proposed grade

R	1	2	3	4	5	6	7	8	9	10	11	12

Do you wish to be considered for earlier admission if a place becomes available? Please indicate (✓) YES NO

PUPIL DATA / INFORMATION

Surname						Preferred Name															
Full Names																					
ID Number													Date of Birth	Y	Y	Y	Y	M	M	D	D
Home Language						Gender	MALE				FEMALE										
Other Languages spoken at home																					

ACCEPTANCE OF THIS APPLICATION FORM DOES NOT MEAN THAT THE PUPIL WILL BE ADMITTED TO HOLY FAMILY COLLEGE

PARENT/GUARDIAN DATA/ INFORMATION																	
(ALL INFORMATION MUST BE COMPLETED EVEN IF PARENT IS NOT PART OF CURRENT FAMILY SET-UP)																	
Is the pupil's Father Deceased					YES	NO	Is the pupil's Mother Deceased					YES	NO				
DETAILS PRIMARY PARENT / GUARDIAN																	
Relationship to Pupil				Ethnic Group													
Surname				Gender				MALE			FEMALE						
Full Names							Title										
Initials			Receive notifications / school fee statements / report cards								YES	NO					
Address		Physical Address						Postal Address									
Suburb																	
City																	
Province				Postal Code							Postal Code						
Nationality				Religion													
Is Immigrant		YES	NO	Language spoken at Home													
Identity Number				Preferred Language													
Passport Number				Date of Birth				Y	Y	Y	Y	D	D	M	M		
Occupation				Employer													
Gross Monthly income (Before deductions)				Department in Company / Extension													
Home Tel Number				Office Tel Number													
Cell Phone Number				Email													
Marital Status				Maiden Name													
Please indicate the Geographical area below																	
	Lives in the area				Works in the area				Lives and Work in the area				Doesn't live or work in the area				

ACCEPTANCE OF THIS APPLICATION FORM DOES NOT MEAN THAT THE PUPIL WILL BE ADMITTED TO HOLY FAMILY COLLEGE

PARENT/GUARDIAN DATA/ INFORMATION																			
(ALL INFORMATION MUST BE COMPLETED EVEN IF PARENT IS NOT PART OF CURRENT FAMILY SET-UP)																			
DETAILS SECONDARY PARENT / GUARDIAN																			
Relationship to Pupil				Ethnic Group															
Surname				Gender				MALE				FEMALE							
Full Names						Title													
Initials						Receive notifications / school fee statements / report cards								YES		NO			
Address		Physical Address						Postal Address											
Suburb																			
City																			
Province				Postal Code															
Nationality				Religion															
Is Immigrant		YES		NO		Language spoken at Home													
Identity Number																			
Passport Number																			
Occupation				Employer															
Gross Monthly income (Before deductions)				Department in Company / Extension															
Home Tel Number				Office Tel Number															
Cell Phone Number				Email															
Marital Status				Maiden Name															
Please indicate the Geographical area below																			
Lives in the area				Works in the area				Lives and Work in the area				Doesn't live or work in the area							
Who does the pupil reside with during the week?				Father		Mother		Guardian (Specify)				Other							

ACCEPTANCE OF THIS APPLICATION FORM DOES NOT MEAN THAT THE PUPIL WILL BE ADMITTED TO HOLY FAMILY COLLEGE



PUPIL INFORMATION

Surname										Initials																													
Full Names										Preferred Name																													
Gender					MALE					FEMALE					Ethnic Group																								
Birth date					Y	Y	Y	Y	D	D	M	M	Home Language																										
Address										Physical Address										Postal Address																			
Suburb																																							
City																																							
Province										Postal Code										Postal Code																			
Is Immigrant										YES					NO					Immigration Date					Y	Y	Y	Y	D	D	M	M							
Visa Type										Visa Expiry Date					Y	Y	Y	Y	D	D	M	M																	
Nationality										Previous School Name																													
Identity Number													Province																										
Passport Number													Highest Grade Passed																										
Home Tel Number										Year Grade Passed																													
Cell Phone Number										Teaching Language																													
Email										Preferred Teaching Language																													
Medical Aid Scheme										Doctor Name																													
Medical Aid Option										Doctor Telephone Number																													
Medical Aid Number																																							
Parents Deceased Status					Mother only					Father only					Both					None					Aftercare Required					YES					NO				
Religion										Sports House																													
Distance from home to school																																							
0 – 5km										5 – 10km										10 – 20km										20km +									

NEXT OF KIN – In case of an emergency (Someone that would be able to collect pupil from school)

Surname										Name																													
Relationship to Pupil										Cell phone Number																													
Email										Title																													
Identity Number										Preferred Language																													
Please indicate the Geographical area below																																							
Lives in the area										Works in the area										Lives and Work in the area										Doesn't live or work in the area									

ACCEPTANCE OF THIS APPLICATION FORM DOES NOT MEAN THAT THE PUPIL WILL BE ADMITTED TO HOLY FAMILY COLLEGE

PERSON RESPONSIBLE FOR PAYING FEES																							
(ALL INFORMATION MUST BE COMPLETED)																							
Relationship to Pupil						Ethnic Group																	
Surname						Gender						MALE			FEMALE								
Full Names												Title											
Initials			Receive notifications / school fee statements / report cards												YES		NO						
Address	Physical Address									Postal Address													
Suburb																							
City																							
Province						Postal Code												Postal Code					
Nationality						Religion																	
Is Immigrant		YES		NO		Language spoken at Home																	
Identity Number						Preferred Language																	
Passport Number						Date of Birth						Y	Y	Y	Y	D	D	M	M				
Occupation						Employer																	
Gross Monthly income (Before deductions)						Department in Company / Extension																	
Home Tel Number						Office Tel Number																	
Cell Phone Number						Email																	
Method of Payment		Debit Order		YES		NO		Electronic Fund Transfer				YES		NO		Trust Fund		YES		NO			
Payment Agreement		Monthly				By Term				Annually				Ad Hoc									
Account Holder						Account Number																	
Bank Name						Branch Code																	
Amount						Action Day																	

ACCEPTANCE OF THIS APPLICATION FORM DOES NOT MEAN THAT THE PUPIL WILL BE ADMITTED TO HOLY FAMILY COLLEGE



CONDITION OF ENROLMENT AND TERMS OF PAYMENT OF FEES

I/WE, THE UNDERSIGNED _____
(PLEASE PRINT FULL NAME AND SURNAME OF THE FATHER / GUARDIAN / CUSTODIAN)

AND _____, DO HEREBY ACCEPT
(PLEASE PRINT FULL NAME AND SURNAME OF THE MOTHER/ GUARDIAN/ CUSTODIAN) AND AGREE TO ABIDE BY THE FOLLOWING CONDITIONS OF ENROLMENT:

1. I/We hereby bind myself/ourselves to the conditions and agree to fulfil my/our obligations, as set out herein.
2. I/We understand that there are four terms per calendar year. I/We understand that a "full term" means the first day to the last day of a school term.
3. I/We shall be personally liable for any monies owing, to the end of the term, in the event that my/our son/daughter/ward is asked to leave the school during an academic year.
4. All learners are subject to the system of discipline and the rules of the school and the Principal has the power to expel any learner, at any time and for any reason which he/she in his/her discretion deems adequate.
5. The school is not responsible for any loss of, or damage to, the clothing or any personal property of the learners, although all precautions will be taken in this regard.
6. I/We hereby give my/our consent for my/our son/daughter/ward to take part in the extra-mural activities of the school, participation in which shall be at my/our son/daughter/ward's own risk. I/ We undertake on behalf of myself/ourselves, my/our executors and my/our child/ward foresaid to indemnify and hold harmless and absolve Holy Family College, the Principal and his/her staff against any form and or, all claims whatsoever, that may arise in connection with any loss of, or damage to, the property, or injury to the person of my/our child/ward aforesaid in the course of any such extra-mural activity, in the knowledge that the Principal and his/her staff will nevertheless take reasonable precautions for the safety and welfare of my/our child/ward.
7. This agreement will be in force and effect for the duration of the child's tenure at school.
8. I/We understand that school fees will increase from time to time and that the school will inform me/us of any such change. I accept that such an increase has no bearing on the conditions related to giving a full term's notice, should I wish to remove my child from Holy Family College.
9. No amendment or consensual cancellation of this contract shall be of any effect or validity unless recorded in WRITING and signed by the school and myself/ourselves.
10. The school is not bound by warranties, representation, promises, terms or conditions not stipulated herein.
11. No indulgence or latitude by, or failure of the school to enforce any of the terms of this agreement, shall affect its rights or prevent it from enforcing them hereunder.
12. **A non-refundable ADMISSION FEE OF R2500.00** is payable upon acceptance of my/our son/daughter/ward into Holy Family College.
13. I/We acknowledge that I am/we are personally liable and responsible for payment on due date of school fees as charged by Holy Family College.
14. I/We acknowledge that fees are payable annually in advance. The College may grant an indulgence to pay the fees off in instalments.
15. Should I/we fail to fulfil promptly any of my/our obligations that arise, including payment of each instalment by due date, the College shall be entitled to terminate summarily the enrolment of my/our son/daughter/ward and to refuse further tuition and access to the College's premises without prejudice to the College's right to claim payment of the full year's outstanding fees which will become due and payable immediately.
16. I/We further acknowledge that the College shall be entitled to charge interest at the maximum rate permitted in law on all amounts due and payable by me/us which are not paid timeously.
17. I/We further acknowledge and agree that a certificate purporting to be signed by a member of the College's finance committee, giving the total amount owing by me/us in terms of this agreement, shall be full and sufficient evidence to enable the College to obtain provisional sentence or default summary judgement in respect of this undertaking, for the full amount mentioned in such certificate.

Independent Catholic School

18. I/We authorise the College to carry out any checks and/or traces that the College deems fit with any registered credit bureau or other credit references and also to list me/us with any credit bureau in the event of my/our default in payment in terms of this agreement.
19. I/We agree to keep the College informed in writing of any change of address within ten days thereof, or pay Tracing Agent Fees, where necessary. I/We agree that the address as furnished on this document will be used by the College for posting statements and service of legal notices and processes as my/our chosen domicillium citandi et executandi unless I/we advise the College in writing of my/our new contact details.
20. **Before removing the learner from the College, for any reason whatsoever; I/we agree to give one full term's notice IN WRITING to the Principal and the Bursar or TO PAY A TERM'S FEE IN LIEU OF NOTICE.**
21. I/We agree to pay all costs on an attorney/client scale including collection commission, should my/our account be handed over for collection as a result of default on my/our part.
22. This undertaking will continue from year to year, and no amendment of the contract shall be of any force or validity unless recorded in writing and signed by the College and myself/ourselves.

NAME: FATHER (PRINT)

SIGNATURE: FATHER

DATE

NAME: WITNESS (PRINT)

SIGNATURE: WITNESS

DATE

NAME: MOTHER (PRINT)

SIGNATURE: MOTHER

DATE

NAME: WITNESS (PRINT)

SIGNATURE: WITNESS

DATE

APPLICATION AND DECLARATION BY PARENTS/GUARDIAN/CUSTODIAN

I/WE, THE UNDERSIGNED _____ AND
(FATHER/GUARDIAN/CUSTODIAN NAME AND SURNAME)

_____, DO HEREBY APPLY FOR MY/OUR
(MOTHER/GUARDIAN/CUSTODIAN NAME AND SURNAME)

SON / DAUGHTER / WARD (HEREAFTER CALLED THE LEARNER) _____
(LEARNER'S NAME AND SURNAME)

TO BE ADMITTED TO HOLY FAMILY COLLEGE, HEREBY DECLARING THAT THE INFORMATION PROVIDED THROUGHOUT THIS APPLICATION IS TRUE AND CORRECT AND HEREBY STATING THAT I/WE FULLY UNDERSTAND THE IMPLICATIONS OF THE CONDITIONS OF ENROLMENT AND THE SPECIAL UNDERTAKING CONTAINED HEREIN. I/WE ALSO UNDERTAKE TO NOTIFY THE COLLEGE IF ANY OF THE ABOVE-MENTIONED PARTICULARS CHANGE.

FATHER (PRINT)

SIGNATURE: FATHER

DATE

MOTHER (PRINT)

SIGNATURE: MOTHER

DATE