



# BISHOP BAVIN SCHOOL

ST GEORGE'S

*An Anglican School for  
Boys and Girls*

*Application for Admission*

**Please complete this form and return it to:**

**The Admissions Secretary, Bishop Bavin School, PO Box 75353, Gardenview 2047**

## PUPIL

SURNAME: \_\_\_\_\_ FIRST NAMES: \_\_\_\_\_

PREFERRED NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ SEX: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ ID NO: \_\_\_\_\_

HOME: Language 9 RELIGION: \_\_\_\_\_

NATIONALITY: \_\_\_\_\_

PRESENT SCHOOL: \_\_\_\_\_ PRESENT GRADE: \_\_\_\_\_

PROPOSED YEAR OF ENTRANCE \_\_\_\_\_ GRADE: \_\_\_\_\_

1st DATE OF ENTRY TO SA SCHOOLING: \_\_\_\_\_

DAY SCHOLAR  WEEKLY BOARDER  FULL BOARDER

DOES YOUR CHILD HAVE A BROTHER OR SISTER AT THE SCHOOL? \_\_\_\_\_

ANY SPECIAL DETAILS WE SHOULD NOTE: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## NEXT OF KIN

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

ADDRESS: \_\_\_\_\_

HOME TEL NO: \_\_\_\_\_

BUSINESS TEL NO: \_\_\_\_\_

CELL NO: \_\_\_\_\_

## PARENT DETAILS

### MARITAL STATUS

Married  Divorced  Single  Separated  Other

### PUPIL LIVES WITH:

Both Parents  Mother  Father  Other

If "Other", state with whom the applicant is staying: \_\_\_\_\_

\_\_\_\_\_

Tel No: \_\_\_\_\_

FATHER'S FULL NAME: \_\_\_\_\_ MOTHER'S FULL NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

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

**FATHER'S DETAILS (continued)****MOTHER'S DETAILS (continued)**

PASSPORT NO: \_\_\_\_\_ PASSPORT NO: \_\_\_\_\_  
 POSTAL ADDRESS: \_\_\_\_\_ POSTAL ADDRESS: \_\_\_\_\_  
 POSTAL CODE: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_  
 HOME ADDRESS: \_\_\_\_\_ HOME ADDRESS: \_\_\_\_\_  
 HOME TEL NO: \_\_\_\_\_ HOME TEL NO: \_\_\_\_\_  
 CELL NO: \_\_\_\_\_ CELL NO: \_\_\_\_\_  
 EMAIL: \_\_\_\_\_ EMAIL: \_\_\_\_\_  
 NAME OF EMPLOYER: \_\_\_\_\_ NAME OF EMPLOYER: \_\_\_\_\_  
 BUSINESS ADDRESS: \_\_\_\_\_ BUSINESS ADDRESS: \_\_\_\_\_  
 TEL NO: \_\_\_\_\_ TEL NO: \_\_\_\_\_  
 FAX NO: \_\_\_\_\_ FAX NO: \_\_\_\_\_  
 OCCUPATION: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_  
 WHO IS RESPONSIBLE FOR THE PAYMENT OF ACCOUNTS? \_\_\_\_\_  
 TO WHICH ADDRESS MUST THEY BE POSTED? \_\_\_\_\_  
 BANK: \_\_\_\_\_ BRANCH: \_\_\_\_\_  
 ACCOUNT NO: \_\_\_\_\_ WHAT TYPE OF ACCOUNT? \_\_\_\_\_

**TRADE REFERENCES**

1. \_\_\_\_\_ TEL NO: \_\_\_\_\_  
 2. \_\_\_\_\_ TEL NO: \_\_\_\_\_

**MEDICAL ADMISSION FORM**

SURNAME: \_\_\_\_\_ FIRST NAMES: \_\_\_\_\_  
 DATE OF BIRTH: \_\_\_\_\_ AGE: \_\_\_\_\_ SEX: \_\_\_\_\_  
 HOME ADDRESS: \_\_\_\_\_  
 POSTAL ADDRESS: \_\_\_\_\_  
 HOME TEL NO: \_\_\_\_\_ BUSINESS TEL NO: \_\_\_\_\_  
 CELL NO: \_\_\_\_\_  
 MEDICAL AID SOCIETY: \_\_\_\_\_ MEDICAL AID NO: \_\_\_\_\_  
 FAMILY DOCTOR: \_\_\_\_\_ TEL NO: \_\_\_\_\_  
 FAMILY DENTIST: \_\_\_\_\_ TEL NO: \_\_\_\_\_  
 PAST MEDICAL HISTORY (Including childhood diseases and operations): \_\_\_\_\_  
 \_\_\_\_\_  
 ALLERGIES: \_\_\_\_\_  
 IMMUNIZATION: BCG,DWT+123,MEASLES: \_\_\_\_\_  
 \_\_\_\_\_  
 Any other health/dietary issues: \_\_\_\_\_

## INDEMNITY

I hereby waive all rights of action I may have, and hold harmless the Diocese of Johannesburg of the Anglican Church of the Province of Southern Africa, the Chairman and Board of Governors of the School, the School, the Rector and Staff, or their authorized agents or representatives against any and all claims, howsoever arising, whether claimable by us or by the pupil or any third party arising out of the injury, death, loss, damage, costs or expenses, including legal costs suffered as a result of or during the enrolment of the pupil at the School.

I hereby nominate, constitute, and appoint Bishop Bavin School, St George's, to act *in loco parentis* to the pupil and to exercise over the pupil's actions full authority and control.

I also authorise the Rector or his duly authorised representative to have any urgent medical treatment administered to the pupil and I accept full liability for any expenses so incurred.

I, \_\_\_\_\_ (Full name of Parent or Guardian)

being the Parent/ Legal Guardian of \_\_\_\_\_ (Full name of child)

have read and understood the above terms and conditions for admittance to Bishop Bavin School.

SIGNED (FATHER): \_\_\_\_\_ (MOTHER): \_\_\_\_\_

AT \_\_\_\_\_ THIS \_\_\_\_\_

DAY OF \_\_\_\_\_ IN THE YEAR OF \_\_\_\_\_

## CONDITIONS OF ENROLMENT

*Please read and sign the following terms and conditions*

### 1. APPLICATION

We understand the School Board reserves the right to refuse an application and is not required to give any reason for such refusal.

### 2. ENTRANCE EXAM

We understand that admittance to Bishop Bavin School is subject to passing an entrance examination.

### 3. FEES ARE PAYABLE TERMLY IN ADVANCE; NON-PAYMENT WILL RESULT IN YOUR CHILD NOT BEING ADMITTED TO THE SCHOOL.

We agree to the conditions ruling in your institution whereby, should a position be offered to our child, a non-refundable placement fee is payable. *Please note: this does not form part of the School fees, and we require a full term's written notice, should your child leave Bishop Bavin School.* We acknowledge that the School reserves the right to increase its tuition fees from time to time as the School sees fit. We also agree that we are jointly and severally liable to pay all school fees and related charges in respect of this pupil's enrolment, and hereby warrant in our personal capacities that we can afford the school fees and have financial means to do so. To this end, we bind ourselves as sureties for all amounts that may become due regarding our child's schooling.

I, \_\_\_\_\_ (Full name of Parent or Guardian)

being the Parent/ Legal Guardian of \_\_\_\_\_ (Full name of child)

have read and understood the above terms and conditions for admittance to Bishop Bavin School.

### 4. SCHOOL AND DISCIPLINE

We undertake that our child will conform to the Policy of the School and agree to the terms in indemnity to our child and the School. We also agree to accept and abide by the rules laid down by the Rector pertaining to uniform regulations, discipline and any other areas of School Policy. We understand that Bishop Bavin is an Anglican Church School within the Christian faith, being part of the Diocese of Johannesburg where the School's motto is "*Christus Supra Omnes*".

I, \_\_\_\_\_ (Full name of Parent or Guardian)

being the Parent/Legal Guardian of \_\_\_\_\_ (Full name of child)

have read and understood the above terms and conditions for admittance to Bishop Bavin School.

SIGNED (FATHER): \_\_\_\_\_ (MOTHER): \_\_\_\_\_

AT \_\_\_\_\_ THIS \_\_\_\_\_

DAY OF \_\_\_\_\_ IN THE YEAR OF \_\_\_\_\_

WITNESS 1: \_\_\_\_\_ WITNESS 2: \_\_\_\_\_

APPLICATION APPROVED: \_\_\_\_\_

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