



SPRINGFIELD CONVENT SCHOOL

St John's Road Wynberg 7800

Senior School	Tel: 021 797 6169	Fax: 021 762 7930
Junior School	Tel: 021 797 9637	Fax: 021 797 8200
Bursar	Tel: 021 797 5459	Fax: 021 797 8776
E-Mail	postmaster@sfc.wcape.school.za	
Website	www.springfieldconvent.co.za	
Postal Address	PO Box 1813, Wynberg, 7824	

YEAR APPLIED FOR
TERM APPLIED FOR
GRADE APPLIED FOR

APPLICATION FOR ADMISSION

PUPIL INFORMATION: (PLEASE PRINT)

SURNAME::FIRST NAME/S:.....

BIRTH DATE:.....I.D.NO.:HOME LANGUAGE:.....

RELIGION:.....PLACE OF BIRTH:.....BAPTISM:.....

FIRST COMMUNION:CONFIRMATION:

IF CATHOLIC, TO WHICH PARISH DO YOU BELONG?.....

Name and address OF PRESENT SCHOOL:.....

.....TEL NO:.....PRESENT CLASS:

PARENT INFORMATION:

MOTHER

FATHER

FIRST NAMES.....	FIRST NAMES.....
TITLE (MRS/DR/PROF ETC):.....	TITLE (MR/DR/PROF ETC):.....
SURNAME:	SURNAME:
HOME ADDRESS:.....	HOME ADDRESS:.....
.....CODE:.....CODE:.....
OCCUPATION:.....	OCCUPATION:.....
I.D. NO:.....	I.D. NO:.....
MARITAL STATUS:.....	MARITAL STATUS:.....
POSTAL ADDRESS:.....	POSTAL ADDRESS:.....
.....CODE:.....CODE:.....
BUSINESS NAME:.....	BUSINESS NAME:.....
BUSINESS ADDRESS:.....	BUSINESS ADDRESS:.....
.....CODE:.....CODE:.....
HOME TELEPHONE:.....	HOME TELEPHONE:.....
BUSINESS TELEPHONE:.....	BUSINESS TELEPHONE:.....
CELLULAR TELEPHONE:.....	CELLULAR TELEPHONE:.....
E-MAIL:.....	E-MAIL:.....



NUMBER OF CHILDREN IN FAMILY: 1st, 2nd, etc IN FAMILY?.....

ARE ANY SIBLINGS OR FAMILY MEMBERS ALREADY AT SPRINGFIELD OR INTENDING TO APPLY?

IF SO, STATE WHETHER SISTER, COUSIN ETC WHEN?.....

FORMER FAMILY ASSOCIATION WITH SPRINGFIELD (e.g. MOTHER, PAST PUPIL)

IF A PAST PUPIL, STATE MAIDEN NAME:

YEARS ATTENDED SPRINGFIELD:HOUSE (DOMINIC, MACCY, THOMAS):

REFERENCES: (TWO CONTACTABLE NAMES OF PEOPLE WHO KNOW YOU AS A FAMILY)

NAME: TEL. NO.: ().....

NAME: TEL. NO.: ().....

DECLARATION:

I acknowledge and accept that Springfield supports the religious and educational policies of the South African Catholic Bishops Conference and that instruction at the School takes place in accordance with this ethos.

I certify that the above particulars are correct. I acknowledge that school rules will be observed. I also acknowledge that all fees are payable in advance and that a term's notice of withdrawal or non-attendance of pupil or discontinuation of optional extra subjects, shall be given in writing, or alternatively, a full term's fees shall be paid. I hereby agree that in the event of my account being handed over for collection, I will be liable to the School for payment of all legal costs pertaining thereto.

SIGNED: (FATHER) DATE:

SIGNED: (MOTHER) DATE:

NON-REFUNDABLE

APPLICATION FEE: R _____

PLACEMENT FEE: R _____ ON ACCEPTANCE.

BANKING DETAILS:

BENEFICIARY: SPRINGFIELD CONVENT SCHOOL
BANK: FIRST NATIONAL BANK
ACCOUNT NO: 501 600 36635
BRANCH CODE: 201109
BRANCH: PLUMSTEAD

PLEASE ATTACH CONFIRMATION OF THE NON-REFUNDABLE APPLICATION FEE TO THE APPLICATION AND EITHER RETURN BY POST OR HAND IN AT THE ADMISSIONS OFFICE.

APPLICATIONS MUST INCLUDE A COPY OF A BIRTH CERTIFICATE AND BAPTISM CERTIFICATE.

REMARKS: (PLEASE GIVE ANY OTHER INFORMATION YOU WISH TO HAVE RECORDED).....

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<u>For office use only:</u> Issued:Returned: Acknowledged:
ENTRANCE EXAM:.....
ADMISSION NUMBER:..... DATE ENTERED INTO EDUADMIN: