



SPRINGFIELD CONVENT SCHOOL

036-126-NPO

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
 Accounts: Tel: 021 797 5459 Fax: 021 797 8776
 Admissions: Tel: 021 797 6169 (ext 248) Fax: 021 797 8776
 E-Mail: admissions@springfieldconvent.co.za
 Website: www.springfieldconvent.co.za
 Postal Address: P.O. Box 18139, Wynberg 7824

YEAR APPLIED FOR:	
TERM APPLIED FOR:	
GRADE APPLIED FOR:	

APPLICATION FOR ADMISSION

PUPIL INFORMATION (PLEASE PRINT)

SURNAME:		FIRST NAME(S):	
DATE OF BIRTH:		I.D. NUMBER:	
PLACE OF BIRTH:		RELIGION:	
FIRST COMMUNION:		CONFIRMATION:	
IF CATHOLIC, TO WHICH PARISH DO YOU BELONG?			
NAME AND ADDRESS OF PRESENT SCHOOL:			
TELEPHONE:		PRESENT CLASS:	
WHERE DID YOU HEAR ABOUT OUR SCHOOL?			

PARENT/LEGAL GUARDIAN INFORMATION (PLEASE PRINT)

GUARDIAN 1:		GUARDIAN 2:	
RELATIONSHIP TO PUPIL:		RELATIONSHIP TO PUPIL:	
FIRST NAME(S):		FIRST NAME(S):	
TITLE (Mrs./Dr./Prof. etc.):		TITLE (Mrs./Dr./Prof. etc.):	
SURNAME:		SURNAME:	
HOME ADDRESS:		HOME ADDRESS:	
CODE:		CODE:	
OCCUPATION:		OCCUPATION:	
I.D. NUMBER:		I.D. NUMBER:	
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:	

PLEASE TICK WHERE APPROPRIATE:

PERSON(S) WITH WHOM PUPIL LIVES:	GUARDIAN 1	GUARDIAN 2
PERSON(S) TO WHOM ACCOUNTS SHOULD BE SENT:	GUARDIAN 1:	GUARDIAN 2:
PERSON(S) TO WHOM CORRESPONDENCE SHOULD BE SENT:	GUARDIAN 1:	GUARDIAN 2:
PERSON(S) TO WHOM REPORTS SHOULD BE SENT:	GUARDIAN 1:	GUARDIAN 2:

FAMILY CONNECTIONS:

NUMBER OF CHILDREN IN THE FAMILY:

POSITION IN FAMILY (1st, 2nd):

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:

WHAT HOUSE WERE THEY IN (PLEASE TICK)?

DOMINIC:

MACCY:

THOMAS:

UNKNOWN:

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

NAME:

TELEPHONE NUMBER:

NAME:

TELEPHONE NUMBER:

CONDITIONS OF ENTRY:

1. This form must be accompanied by a **NON-REFUNDABLE REGISTRATION FEE OF R350.00**. This fee covers the cost of the administration of the application, including placement on the waiting list.
2. On receipt of this form, your daughter's name will be placed on file. Acceptance of this form and registration fee does not guarantee nor imply final acceptance of the applicant.
3. A **NON-REFUNDABLE PLACEMENT FEE OF R12,500.00** will be payable on acceptance of an offer of a place. Offer will be withdrawn should the school not receive this payment by the specified date. No correspondence pertaining hereto will be entered into.
4. Acceptance of an offer of a place will render the applicant liable for payment of the first term's fees unless notification of non-attendance is received in writing three months prior to commencement date.
5. **A copy of your daughter's birth certificate and baptism certificate (if applicable) and copies of both parents' identity document must accompany this application form.**
6. By signing this application form, the parent/guardian gives consent for a credit check to be carried out if required.
7. The applicant understands that all school fees are payable in advance and that a full term's notice of withdrawal or non-attendance of pupil or discontinuation of optional subjects or extra mural, should be given in writing, or alternatively, a full term's fee in lieu of notice shall be paid. In the event of the account being handed over for collection, the applicant will be liable to the school for payment of all legal costs pertaining hereto.
8. The applicant undertakes to comply with the requirements set out in the Parent Contract issued to parents on acceptance of place offered.

I/We hereby 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/We certify that the particulars provided on this application form are correct and that I/we fully understand and accept the above conditions of entry.

SIGNATURE OF PARENT/
GUARDIAN 1:

DATE:

SIGNATURE OF PARENT/
GUARDIAN 2:

DATE:

REMARKS (PLEASE GIVE ANY OTHER INFORMATION YOU WISH TO HAVE RECORDED):**BANKING DETAILS:**

BENEFICIARY: Springfield Convent School

ACCOUNT NUMBER: 501 600 36635

BANK: First National Bank

BRANCH CODE: 201109

FOR OFFICE USE ONLY:

ISSUED:

RETURNED:

ACKNOWLEDGED:

BAPTISM
CERTIFICATEBIRTH
CERTIFICATE

MOTHERS ID

FATHER ID

ENTRANCE EXAM:

ADMISSION NUMBER:

DATE DATA CAPTURED: