



11 Amelia Street  
Roodepoort  
1725

P.O. Box 878  
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1725

Tel: 079 641 7995

Website: <https://www.sjbc.school.org/>

Email: [sjbc@sspx.org.za](mailto:sjbc@sspx.org.za)

## St. John the Baptist Catholic School

### APPLICATION FOR REGISTRATION

Start date	JANUARY	2023	Grade	
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**Registration Fee - R1 000 is payable on submission of this application. Payment can be done via EFT or Cash. This is non-refundable.**

**ALL INFORMATION MUST BE COMPLETED.**

#### 1. Student Information

Last name:				
First names:				
Gender	Male	Female		
Learner Cell Number				
Home Language				
Date of Birth	Year	Month	Day	Age (as of 1 January 2023)
Left or Right Handed				
Deceased Parent	Mother		Father	Both
South African Citizen	Yes	No	Nationality	
Identity Number				
Passport Number			Study Permit Number	

**Please attach copy of ID card, Birth certificate or Passport of child AND STUDY PERMIT IF NOT SOUTH AFRICAN**

South African Residential Address Where child resides.				
South African Postal Address				
Name of Person Learner lives with			Contact Number	
Name of person who will collect student			Contact Number	
Number of children in household		Position in Family	Religion	

**This information must be completed in full.**

#### 1. Parent Information

Telephone Home:			
Name Mother		Title:	

Occupation				
Tel Mother	Home:	Work:	Cell:	
Home Language				
Mother's email			WhatsApp	
Occupation				
Mother's ID or Passport Number			Mother's Date of Birth	
South African Residential Address				
South African Postal Address				
Name Father			Occupation	Title:
Tel Father	Home:	Work:	Cell:	
Home Language				
Father's email			WhatsApp	
Occupation				
Father's ID or Passport Number			Father's Date of Birth	
South African Residential Address				

<b>Medical conditions (allergies etc)</b> <b>PLEASE MAKE SURE THE SCHOOL IS AWARE</b>	<b>Kindly supply SJBCS with life-saving treatment details eg. Ventalin for asthmatics.</b>			
Doctor's name				
Doctors's Tel no.				
Medical Aid				
Medical Aid No.				
Principal Member on Medical Aid				
<b>Special problems requiring Counseling.</b>				
<b>2. EMERGENCY CONTACT Details of relative and/or friend NOT LIVING with applicant:</b>				
Name				
South African Residential Address			Email:	
			Cell:	
			Tel Home:	
			Tel Work:	

**3. Academic Information****This is a requirement**

Previous school					
Previous school address					
Country			Province		
Grade Completed					
Name of Siblings at SJBCS	1				2
	3				4
How did you hear about the School?					

**4. Fees**

**Tuition fees are due by the 2nd day of every month. If a child is to be moved from SJBCS within term one, then one full calendar month notice, in writing is required. One full term's notice is required in writing if notice is given in term three and four. The school reserves the right to suspend service or withhold results if any payment is not received timeously.**

**5. Person responsible for payment of fees if company responsible please provide confirmation letter from company**

Title		Initials		Last Name	
Relationship to student				ID No.	
Tel	Home		Work		Cell
Postal Address					Postal code
Employer					
Email Address					
Alternative email					

**6. Declaration and Undertaking**

I declare that all the particulars furnished by me on this registration are true and correct and I undertake to abide by the Code of Conduct of the School, which I have read and understand, and accept that any breach may result in immediate cancellation of tuition by SJBCS without prejudice to any other rights SJBCS might enjoy in terms of this agreement. **Cancellation on the Applicants part requires one (1) calendar months notice in writing or one full term if cancellation is made in term four (4).** I acknowledge and agree that this document, when signed by me, constitutes a firm and binding acknowledgement, undertaking and commitment assumed by me in terms hereof. My liability arising herefrom is not subject to any condition whatsoever and this document signed by me constitutes its own unconditional cause against me independent of any other cause. I hereby choose my domicilium citandi et executandi the address mentioned above, at which address all notices and/or processes in terms of or arising out of this acknowledgement of debt may validly be delivered to or served upon me. I expressly waive and renounce legal benefits and exceptions non numeratae pecuniae, non causa debiti, errore calculi, and I declare myself to be fully acquainted with the meaning and effect of these exceptions and of the renunciation of the benefits thereof. Should I default herein and judgment is subsequently granted against me as a result of my default, I consent to the installments as mentioned on the current Schedule of Fees and consequent statement of fees due being made an order of the court, In terms of this agreement I undertake to notify St John the Baptist Catholic School via email or otherwise as to all payments made by myself or on my behalf.

