

# **APPLICATION FORM FOR 2022**

10th ROAD, NOORDWYK, MIDRAND www.goodshepherdc.co.za EMAIL: info@goodshepherdc.co.za

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# ID PHOTO

## **CHILD'S DETAILS**

| Date          | Application |      |       | Start  |      |          |
|---------------|-------------|------|-------|--------|------|----------|
| Grade         | Lamb        | E    | Eagle | Lion   |      | Boulders |
| Surname       |             | Name |       |        |      |          |
|               |             |      |       |        |      |          |
| Gender        | Male        |      |       | Female |      |          |
| Date of Birth |             |      |       |        |      |          |
| Language      |             |      |       |        |      |          |
| Nationality   |             |      |       |        |      |          |
| Race          | Black       | \    | White |        | othe | r        |
| Siblings      | Name        |      |       | Name   |      |          |

# **PARENT'S DETAILS**

|                 | Father | Mother |  |
|-----------------|--------|--------|--|
| Title           |        |        |  |
| Name            |        |        |  |
| Surname         |        |        |  |
| Identity Number |        |        |  |
| Home Address    |        |        |  |
|                 |        |        |  |
| Cell Number     |        |        |  |
| WhatApps Number |        |        |  |
| Email address   |        |        |  |
| Occupation      |        |        |  |
| Employer        |        |        |  |
| Work Address    |        |        |  |
| Work Telephone  |        |        |  |
| Marital Status  |        |        |  |



## **EMERGENCY CONTACT OTHER THAN PARENTS**

| Name           | Surname |  |
|----------------|---------|--|
| Relationship   |         |  |
| Address        |         |  |
| Contact Number |         |  |

# **PREVIOUS SCHOOL**

| Name of the School Country/Provin |  | Contact Number | Reason for leaving |
|-----------------------------------|--|----------------|--------------------|
|                                   |  |                |                    |
|                                   |  |                |                    |

# **MEDICAL INFORMATION**

|                                                                                           | Condition | Medication |
|-------------------------------------------------------------------------------------------|-----------|------------|
| Allergies: (peanuts, bee stings, etc)                                                     |           |            |
| Chronic Illnesses: (diabetes, epilepsy, etc)                                              |           |            |
| Medical Conditions: (pulmonary stenosis, muscular dystrophy, cerebral palsy, etc)         |           |            |
| Disabilities: (hard of hearing, partially sighted, autistic spectrum disorder, ADHD, etc) |           |            |
| other                                                                                     |           |            |

# **DOCUMENTATION**

The following documentation must be submitted with the completed application form.

|                                                                                                                                                                                             | Yes | No | Date to be Submitted |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|----------------------|
| Copy of official Birth Certificate                                                                                                                                                          |     |    |                      |
| Copy of official immunisation card, or proof confirming immunisation against polio, measles, tuberculosis, diphtheria, tetanus, and hepatitis B.                                            |     |    |                      |
| Copy of Parents' or Guardians' Identity Documents                                                                                                                                           |     |    |                      |
| Proof of residential address, in parent's name, such as statements of Rates, Water and Lights, Telephone or store account, etc. or proof of work address should you work in the zoned area. |     |    |                      |
| ,                                                                                                                                                                                           |     |    |                      |
| Proof of income. (Recent Payslip)                                                                                                                                                           |     |    |                      |



# ITEMS REQUIRED

| ITEMS                        | QUANTITY                 | YES | NO |
|------------------------------|--------------------------|-----|----|
| A facecloth and hand towel   | 1                        |     |    |
| Rolls of toilet paper        | 10                       |     |    |
| Dettol liquid soap hand wash | 1                        |     |    |
| Box of tissues               | 2                        |     |    |
| Blanket and pillow           | 1                        |     |    |
| Baby wipes                   | 1                        |     |    |
| Changing Clothes             | Every Day                |     |    |
| Bottle of Water              | 1                        |     |    |
| Gumboots in Winter           | 1                        |     |    |
| Sun Screen in Summer         | 1                        |     |    |
| Play Door                    | 1                        |     |    |
| Water Paint                  | 1                        |     |    |
| Dairy                        | To be bought from school |     |    |
| Pencil crayons               | 1 Box                    |     |    |
| A4 Exercise Books            | 2                        |     |    |
| Colour Book                  | Any                      |     |    |
| Flip File                    | 1                        |     |    |
| Colour Book                  | 1                        |     |    |
| Glue Stick                   | 1                        |     |    |
| Pair of Scissors             | 1                        |     |    |



## **INDEMNITY**

| l                              | the undersigned, parents/guardians                             |
|--------------------------------|----------------------------------------------------------------|
|                                | (full name of child) herewith indemnify the                    |
|                                | of accidents, which might occur while the said child is in the |
| Signature of parent / guardian |                                                                |

## **AGREEMENT**

I hereby apply for the above child to be enrolled at The Good Shepherd College. I agree to abide by:

- Paying the prescribed monthly fees before the 1<sup>st</sup> of the month and take note of the penalty for late payments (The penalty for late payment is R 100 per day). 2022 School Fees is R.....per month.
- 2. Paying the non-refundable Administration Fee of R 800
- 3. Paying penalty fee for collection after 6:00pm. (The penalty is unchanged and will be R 100 per hour)
- 4. The regulation to give at least one calendar month written notice. (Penalty: Pay the full month fee even if your child is not attending)
- 5. Child pictures may be uses for School Marketing
- 6. No cash will be allowed on the premises for security reasons. Our account details are as follow:

## **Bank: First National Bank**

Cheque Account

Account Holder: Good Shepherd College

Account No: 62805527184 Branch Code: 250655

Ref: Your child name and Grade (E.g: Thabo LION)

| Name of parent / guardian | Signature of parent / guardian | Day | Month | Year |
|---------------------------|--------------------------------|-----|-------|------|
|                           |                                |     |       | 20   |

#### **OFFICE USE**

| Accept | Reject |  |
|--------|--------|--|
| Date   | Date   |  |



## TRANSPORT FORM

| Date               | Application |       |      | Start |          |
|--------------------|-------------|-------|------|-------|----------|
| Grade              | Lamb        | Eagle |      | Lion  | Boulders |
| Surname            |             |       | Name |       |          |
| Pick up<br>Address |             |       |      |       |          |

I...... hereby apply for the above child to be in The Good Shepherd College Transport. I agree to abide by:

- Paying the prescribed monthly fees before the 1st of the month and take note of the penalty for late payments (The penalty for late payment is R 100 per day). 2022
  Transport fees is ...... per month.
- 2. The regulation to give at least one calendar month written notice. (Penalty: Pay the full month fee even if your child is not attending)
- 3. If pupils is late from the agreed pick up time. The driver will leave.
- 4. The drive is not compelled to enter the Complex or Estate
- 5. No cash will be allowed on the premises for security reasons. Our account details are as follow:

## **Bank: First National Bank**

Cheque Account

Account Holder: Good Shepherd College

Account No: 62805527184 Branch Code: 250655

Ref: Your child name and Grade (E.g: Thabo LION)

| Name of parent / guardian | Signature of parent / guardian | Day | Month | Year |
|---------------------------|--------------------------------|-----|-------|------|
|                           |                                |     |       | 20   |

## **OFFICE USE**

| Accept | Reject |  |
|--------|--------|--|
| Date   | Date   |  |