



ADMISSIONS POLICY & APPLICATION FORM

- The full non-refundable Application Fee of R300 must accompany this Application Form.
- This form is to be completed in full and all required documents are to accompany the application. Failure to do so will result in unnecessary delays and the application may not be considered.
- The school must be informed in writing with this application, of any known special educational needs of the applicant.
- The Maronite Catholic School is a co-educational school based on the Maronite Catholic ethos and values. While the School does not discriminate on religion, it is expected that those students who are enrolled at the School attend various religious activities specific to the Maronite Catholic faith that are practiced at the School. These include Assembly, Mass, Religious Classes and the celebration of the various feast days.
- The application process consists of this application, which may be followed by a Placement Test, and by one or more interviews with representatives from the School. An administration fee as determined by the school shall be payable on the date of the assessment.
- Based on various criteria, including, but not limited to the Placement Test, the applicant may be offered a place at the School. The admission and enrolment of learners to the school is at the discretion of the school who may refuse a learner admission without giving reasons therefor and may grant temporary or provisional enrolment subject to further conditions.
- Should an application be successful, an admission fee of R8000.00 is payable to secure the applicants place at the school. Should such application be withdrawn, the admission fee is non-refundable. The admission fee is due and payable in full as stipulated in your letter from the School confirming the acceptance of the Applicant to the School.
- Successful applicants will participate in Lebanese language classes.
- Successful applicants must agree to submit to the School's Code of Conduct and Terms & Conditions.

CERTIFIED COPIES OF THE FOLLOWING DOCUMENTS MUST ACCOMPANY THIS APPLICATION FORM:

1. Birth Certificate
2. Baptism Certificate
3. School Reports of the past year to most current report
4. Proof of employment and earnings
5. An ITC report from https://www.credithealth.co.za/three-in-one-credit-health-report.htm#add_cart_block
6. Three Months Bank Statements
7. Valid study/residence permit (if not South African citizens)
8. Parents/Guardian Identity Document
9. Vaccination Card
10. Documentation from previous school
11. Therapist reports (OT, Speech, Psychologist) (If applicable)

APPLICATION FOR ADMISSION

1. PROPOSED ENTRANCE DATE

Year	Grade
------	-------

Grade	Age
Grade RRR (000)	3 years old, turning 4 before end July
Grade RR (00)	4 years old, turning 5 before end July
Grade R (0)	5 years old, turning 6 before end July
Grade 1	6 years old, turning 7 before end July

(Grade R is the year of his/her 6th birthday)

INSERT
CURRENT ID
PHOTO OF
LEARNER

2. LEARNER DETAILS

Surname	
First Name(s)	
ID/Birth Certificate No	
Date of Birth (day/month/year)	
Gender	
Religion (Specific Denomination)	
Parish	
Date & Place of Baptism	
Date & Place of First Communion	
Home Language	
Residential Address	
Postal Address	
Name & Telephone No. of current/previous school <i>(If Applicable)</i>	
Learner is living with	Both parents/Father/Mother/Guardian

3. SIBLING DETAILS

Only child	Yes	No		
Name	Age		School	
Name	Age		School	
Name	Age		School	

4. PARENT/GUARDIAN: FATHER'S DETAILS

Title:	
Surname	
Full Names	
ID/Passport number	
Nationality	
Religion (Specific Denomination)	
Parish & Priest	
Residential address (domicilium citandi et executandi)	
Postal address	
Tel home	
Tel work	
Cell	
E-mail	
Occupation	
Name of Employer	
Business postal address	
Marital status	

5. PARENT/GUARDIAN: MOTHER'S DETAILS

Title:	
Surname	
Full Names	
Maiden Name	
ID/Passport number	
Nationality	
Religion (Specific Denomination)	
Parish & Priest	
Residential address (domicilium citandi et executandi)	
Postal address	
Tel home	
Tel work	
Cell	
E-mail	
Occupation	
Name of Employer	
Business postal address	
Marital status	

6. PERSON RESPONSIBLE FOR ACCOUNT

Title:	
Surname	
Full Names	
Relationship to applicant	
ID/Passport number	
Nationality	
Residential address (domicilium citandi et executandi)	
Postal address	
Tel home	
Tel work	
Cell	
E-mail	
Occupation	
Name of Employer	
Business postal address	

7. NEXT OF KIN OF APPLICANT (other than parent)

1. Name		Relationship	
Tel		Cell	
2. Name		Relationship	
Tel		Cell	

8. MEDICAL AID

Medical Aid Name	
Medical Aid Number	
Principal Member	
Doctor	
Doctor's Contact number	
Regular Medication/Medical conditions of applicant	

FATHER'S SIGNATURE

MOTHER'S SIGNATURE

FOR OFFICE USE

Application Received by: _____

Date: _____

Grade: _____

Application: Accepted/Rejected

Date letter sent: _____

Credit Check: _____

Accepted: _____

Rejected: _____

Admission Fee Paid _____

Signed: _____

