



HIGH SCHOOL ADMISSIONS POLICY & APPLICATION FORM

1. A full non-refundable application fee of **R300.00** must accompany this application form.
2. 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.
3. The school must be informed in writing with this application, of any known special educational needs of the applicant.
4. 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.
5. The application process consists of this application, which will be followed by an Academic Assessment/Entrance Examination, and by one or more interviews with representatives from the school. An assessment fee of **R200.00** shall be payable before or on the date of the assessment.
6. Based on various criteria, including, but not limited to the Academic Assessment/Entrance Examination, 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 and may grant temporary or provisional enrolment subject to further conditions.
7. Should an application be successful, a non-refundable admission fee of **R10 000.00** is payable to secure the applicant's 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 Should such application be withdrawn, the admission fee is non-refundable.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.
8. Successful applicants will participate in Lebanese language classes.
9. Successful applicants must agree to submit to the school's Code of Conduct and Terms and Conditions.

CERTIFIED COPIES OF THE FOLLOWING DOCUMENTS MUST ACCOMPANY THIS APPLICATION FORM

- Birth certificate.
- Baptism certificate.
- School reports of the past year to most current report.
- Proof of employment and earnings.
- A full ITC report from www.credithealth.co.za.
- Three months bank statements.
- Valid study/residence permit (if not South African citizens).
- Identity document of parents/guardian/person responsible for account.
- Vaccination card.
- Principal's form.
- Financial Clearance Certificate.
- Therapist reports (OT/ Speech/ Psychologist - if applicable).
- R300.00 application fee.

The application form, supporting documentation and proof of payment of R300.00 for the application fee must be emailed to:
Mrs Wright
highschoolsecretary@maronitesa.co.za

APPLICATION FOR ADMISSION

**INSERT
CURRENT
ID PHOTO
OF LEARNER**

1. PROPOSED ENTRANCE DATE

Year:	Grade:
-------	--------

2. LEARNER DETAILS

Surname	
First Name(s)	
ID/Birth Certificate Number	
Date of Birth (day/month/year)	
Gender	
Religion (Specific Denomination)	
Parish	
Date & Place of Baptism	
Date & Place of First Holy Communion	
Home Language	
Residential Address	
Postal Address	
Name & Contact Number of current/previous school/s	
Learner is living with	Both Parents/ Father/ Mother/ Guardian
Learner's eMail Address (to add a learner onto Team)	

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	
Postal Address	
Telephone - Home	
Telephone - Work	
Cell	
Email	
Occupation	
Name of Employer	
Employer Physical Address	
Marital Status	

FATHER'S SIGNATURE

5. PARENT/GUARDIAN: MOTHER'S DETAILS

Title	
Surname	
Full Names	
Maiden Name	
ID/Passport Number	
Nationality	
Religion (Specific Denomination)	
Parish & Priest	
Residential Address	
Postal Address	
Telephone - Home	
Telephone - Work	
Cell	
Email	
Occupation	
Name of Employer	
Employer Physical Address	
Marital Status	

MOTHER'S SIGNATURE

6. PERSON RESPONSIBLE FOR ACCOUNT

Title	
Surname	
Full Names	
Relationship to Applicant	
ID/Passport Number	
Nationality	
Residential Address	
Postal Address	
Telephone - Home	
Telephone - Work	
Cell	
Email	
Occupation	
Name of Employer	
Employer Physical Address	

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

1. Name		Relationship	
Contact No.		Alternative Contact No.	
2. Name		Relationship	
Contact No.		Alternative Contact No.	

8. MEDICAL AID

Medical Aid Name	
Medical Aid Number	
Principal Member	
Doctor	
Doctor's Contact Number	
Medication/Medical Conditions of Applicant	

FOR OFFICE USE

Application Received By : _____

Date : _____

Grade : _____

Application : Accepted Rejected

Date Letter Sent : _____

Credit Check : _____

Date Accepted : _____

Date Rejected : _____

Admission Fee Paid : _____

Signed : _____