

APPLICATION FOR ADMISSION TO MARYVALE COLLEGE**HIGH SCHOOL**

10 St. Mary's Road
 Maryvale, Johannesburg, 2192
 Telephone: 011 640 3061 / 011 640 3069
 Fax: 011 640 7352
 Email: admin@maryvalecollege.co.za

PRIMARY SCHOOL

Cnr. Louis Botha Avenue & Cheltondale Road
 Orchards, 2192
 Tel: 011 485 1210 / 011 640 1120
 Fax: 086 457 1441
 Email: primaryadmin@maryvalecollege.co.za

YEAR APPLIED FOR: _____

Accession No (Office use):

PLEASE NOTE: AN ENTRANCE TEST DOES NOT GUARANTEE A PLACEMENT IN OUR SCHOOL. This form must be completed in full. All changes to be initialed or signed by parent / guardian. Completing the form does not necessarily mean that the learner has been accepted into the school. **PLEASE PRINT CLEARLY**

Section 1: LEARNER DETAILS:

Grade Applied for:				Highest Grade Passed:			
Surname:				Initials:			
First Name:				Other Names:			
Date of Birth: YYYY	MM	DD	Gender:	Male:	Female:		
Identification/Passport No:							
Citizenship:				Right or Left handed:			
Home Language:				Religion:			
Physical Address (Residential): Street/Flat Number: Street Name: Suburb: Code:						Learner Cell No:	
Home Telephone No:				Emergency Telephone No:			
Mother deceased – write yes or no:				Father deceased – write yes or no:			

Section 2: PREVIOUS SCHOOL INFORMATION (Please provide [original] latest school report)

Name of Previous School:	
Telephone Number:	Email Address:
STATUS OF SCHOOL FEES: Please have the document entitled 'School Fees Clearance' completed and returned to Maryvale College NOTE: The information provided will be verified	

Section 3: LEARNER MEDICAL INFORMATION

Medical Aid Number:	Medical Aid Name:
Medical Aid Main Member:	
Doctor's Name:	Doctor's Telephone Number:
Medical Condition:	

Section 4: THE FOLLOWING DOCUMENTS MUST ACCOMPANY THE APPLICATION FORM:**Original documents required. Please keep a copy for your records** (we do not make copies at our office)

	OFFICE USE ONLY
• Certified copy of Birth Certificate	
• Certified copy of Passport & Study Permit/Visa / Permanent Residence or other immigration document (to be compliant with immigration status)	
• Latest school report (this year PLUS previous year)	
• Copy of Baptism Certificate (Catholics only)	
• Identity-size photo of learner	
• R300 Application fee / Assessment (non-refundable) for all grades EXCEPT Grade R	Receipt No:
• Proof of income of person/s responsible for payment (i.e. current salary slip OR 3 x months bank statements [i.e. if you are self-employed])	
• IDs (or Passport) of person/s responsible for payment	
• Proof of Residence (current, not older than 3 months)	
• School Fees Clearance document	
NB: The deposit is non-refundable: Primary School – R4000 / High School – R4200	Deposit Paid (Receipt No.):

PLEASE PRINT CLEARLY

Section 5: SIBLINGS (Please indicate details of any siblings in our school)		
Full Name:	Grade:	
Full Name:	Grade:	
Full Name:	Grade:	

Section 6: PARENT / GUARDIAN INFORMATION		
Surname of FATHER :		First Names
Occupation/employer:		Monthly Salary (NETT):
Marital Status:		Home Language:
Tel: Work	Tel: Home	Tel: Cell
Email Address: PRINT CLEARLY		
Identification No / Passport No:	Account Payer:	Yes No
Physical Address (Residential): Street/Flat Number: Street Name: Suburb: Code:		Postal Address: Box No: Suburb: Code

Surname of MOTHER :		First Names
Occupation:		Monthly Salary (NETT):
Marital Status:		Home Language:
Tel: Work	Tel: Home	Tel: Cell
Email Address: PRINT CLEARLY		
Identification No / Passport No:	Account Payer:	Yes No
Physical Address (Residential): Street/Flat Number: Street Name: Suburb: Code:		Postal Address: Box No: Suburb: Code

Section 7: DETAILS OF NEXT OF KIN OF LEARNER (Other than immediate family) – in case of emergency		
Full Names:		
Telephone:	Work:	Home: Cell:

HOW DID YOU HEAR ABOUT MARYVALE COLLEGE? :

I hereby declare that to the best of my knowledge, the above information as supplied is accurate and correct.

Name of Parent / Guardian (PLEASE PRINT): _____

Signature of Parent / Guardian: _____

Date:/...../.....



MARYVALE COLLEGE

P O Box 51698, Raedene, Johannesburg 2124

High School: 10 St Mary's Road, Maryvale, Johannesburg 2192
Telephone: (011) 640 3061, 640 3069 Fax: (011) 640 7352
Email: admin@maryvalecollege.co.za

Pre-Primary and Primary School

Cnr Louis Botha Ave & Cheltondale Rd, Orchards, Johannesburg 2192
Telephone: (011) 485 1210, 640 1120 Fax: 086 457 1441
Email: primaryadmin@maryvalecollege.co.za

SCHOOL FEES CLEARANCE

Name of Pupil	
Name of Person responsible for fee payment	
ID No. of Person responsible for fee payment	

Name of School where the pupil is currently enrolled: _____

Annual fees for _____ (year) R _____

Fees paid to date R _____

Fees outstanding R _____

Comment: _____

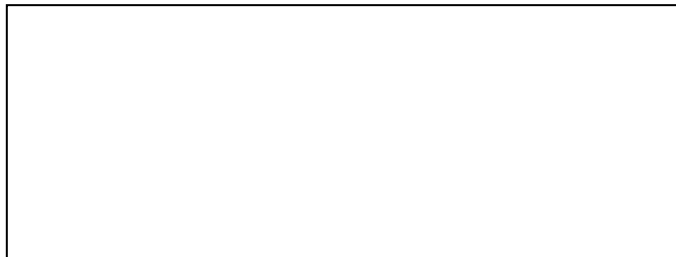
This is to certify that the above person has paid the school fees as indicated

Name of Head/Bursar

Signature of Head/Bursar

Date

SCHOOL STAMP



KINDLY RETURN THIS FORM TO MARYVALE COLLEGE EITHER VIA EMAIL OR FAX (see details for High School/Primary School at the top of this page)