48 Allenby Street
Emalahleni/Witbank
1042

www.stthomasaquinas.co.za
Tel: 013 656 3410

applications@staschool.co.za

Acc name: St Thomas Aquinas School
Bank: Standard Bank
Branch: 052750
Acc no: 030086728
Payment reference: Learners surname, name and grade applying for

ST. THOMAS AQUINAS SCHOOL

"Effective education today for a successful tomorrow."

APPLICATION FORM

Remember to return the following with this application form:

- ☐ **R 400 registration fee (non refundable/bank deposit/EFT ONLY)**
- ☐ **Proof of residence**
- ☐ **Learner's birth certificate**
- ☐ **Parents' certified ID copies**
- ☐ **Learner's latest school report**
- ☐ **Learner's ID photo**

Child's ID photo

Immigrant applicants to submit copy of unabridged Birth Certificate and Passport

PARTICULARS OF LEARNER:

Surname:	Current school:
First names:	Grade applying for:
Date of birth:	Has the learner repeated a grade?
ID number:	Any disciplinary problems?
Home language:	Proposed date of entry:
Gender:	Health concerns:
Religious denomination:	Disability: Y/N Please specify if yes:

PARTICULARS OF PARENT/GUARDIAN:

	FATHER / GUARDIAN	MOTHER / GUARDIAN
SURNAME:		
NAME:		
ID NUMBER:		
OCCUPATION:		
NAME OF EMPLOYER:		
E-MAIL ADDRESS:		
RESIDENTIAL ANDPOSTAL ADDRESS:		
CODE AND TELEPHONE:	**(H)** **(W)**	**(H)** **(W)**
CELL PHONE NUMBER:		

Where did you hear about St Thomas Aquinas School? Please tick the relevant option

Some of my children are already at St Thomas. ☐ Newspaper ☐

Word of mouth (family/colleague/friend) ☐ Other: ……..

Social media (Facebook/Instagram) ☐

MARITAL STATUS (Please tick)

Married ☐ Divorced: ☐ Single: ☐ Custodian: ☐

Ifdivorced, whichparenthascustody: _____

Whichparent/guardianacceptsresponsibilityforschoolfees:_____

Religious Denomination (Father) _____ (Mother) _____

Do anyof yourother biological children attendthis school _____? Which grade: _____

Ifyouorafamilymemberare/werein St.Thomas Aquinas,pleasegive housename :

(e.g. Calaroga, Roccasecca, Sienna) _____

Position oflearner infamily _____ outof _____ children.

CITIZENSHIP (Learner):

Country of birth	
Nationality	

Names and cellphone numbers of two persons who would be willing to support this application:

Name and surname	**Cellphone number**

DECLARATION OFPARENT OR GUARDIAN

I, _____

(Full namesof legallyresponsible Parentor Guardian)

understand andagree thatif _____ (name oflearner) isadmitted asa learner:

a) she/he willbe requiredto conformto theRules andRegulations ofthe School, and that;

b) all schoolfees andcharges willbe paidin advance, andthe wholeyear's feesmust bepaid infull by**31 October**of each year;

c) before removingmy daughter/son/ward fromthe School, **afull term'snotice** willbe givento thePrincipal, inwriting, failingthis, aterm's feewill bepayable inlieu of notice.

d) The school will request a confidential learner report from the current school.

THE BOARD of GOVERNORS RESERVESTHE RIGHTTO USETHE SERVICESOF DEBT COLLECTORS

I understandthat shouldthe requiredfees notbe paidby thedue date, thePrincipal maybe forcedto withholdthe report, suspend or terminate the registration of my child/children at the school.

SIGNATURE OF PARENT/GUARDIAN **DATE**

PLACE: _____

***Please note**: By signing this application form, you give consent that we may store your information for the period that we do the entrance test. If accepted, your information will be stored safely and securely for the duration that your child attends St Thomas Aquinas School. The personal information will be used for the legitimate interest of the school and for the interest of the child. Your personal information will be protected under our Privacy Policy and will not be sold to any third party.*

St Thomas Aquinas School

CONFIDENTIAL REPORT

STRICTLY CONFIDENTIAL – THIS FORM IS TO PLEASE BE COMPLETED BY THE PRINCIPAL/DEPUTY PRINCIPAL OR ACADEMIC HEAD OF THE APPLICANT.

Please send this directly to the school via email: secretary@stthomasaquinas.co.za

Dear Sir/Madam

The learner named hereunder has applied for admission at St Thomas Aquinas School. Please would you be so kind as to complete this report at your earliest convenience, as it forms part of our application process.

SCHOOL HISTORY:

Surname and name of learner		Current school	
Date of birth		Recent grade	
Number of years in current school		Name of previous school (if applicable	

INVOLVEMENT IN SCHOOL LIFE:

Please rate the learner on his/her/involvement in school life by using the following scale:

Outstanding	Good	Average	Weak
4	3	2	1

Sport		School attendance	
Culture		Conduct	
School community events		Other	

ACADEMIC:

SUBJECT	**LEARNER'S AVERAGE**	**GRADE AVERAGE**
ENGLISH		
FIRST ADDITIONAL LANGUAGE (PLEASE SPECIFY)		
MATHEMATICS		

Has this learner received any support during tests/exams (e.g. reader, scribe, extra time etc.)

☐ Yes ☐ No

If yes, please specify: _____

SKILLS:

Please rate the learner's skill set by using the following scale:

Outstanding	Good	Average	Weak
4	3	2	1

Participation in class		Ability to follow instructions	
Behaviour in class		Work presentation	
Completion of tasks		Respect for authority	

DISCIPLINE:

Please indicate if any disciplinary action has been taken against the learner for any of the following offences? Please indicate with an x where applicable:

Disruptive behaviour		Vandalism	
Bullying		Theft	
Other:			

FINANCIAL:

Have all financial obligations to the school been met by the parent/guardian? Please indicate with an x.

Fully paid	Mostly paid	Mostly unpaid	Unpaid

PARENT INVOLVEMENT:

Do the parents play a supportive role in his/her life at school? Please indicate with an x .

☐ Undoubtedly ☐ To an extent ☐ Not at all

Any other relevant information?

_____
_____

Name of the person who completed the form	
Designation	
Signature	
Principal's name	
Principal's signature	

Signed at _____ on this _____day of _____ 20 ___.