



# BISHOP BAVIN SCHOOL

## APPLICATION FOR ADMISSION



### CHILD'S DETAILS

Surname: \_\_\_\_\_ First names: \_\_\_\_\_

Preferred name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Home language: \_\_\_\_\_

ID/Passport no: \_\_\_\_\_ Diplomatic passport:  Y  N

Nationality: \_\_\_\_\_ Religion: \_\_\_\_\_

Present school: \_\_\_\_\_ Present grade: \_\_\_\_\_ Proposed year of entrance: \_\_\_\_\_ Grade: \_\_\_\_\_

1st date of entry to SA schooling: \_\_\_\_\_ Day scholar  Weekly boarder  Full boarder

Does the child have a sibling at the School? \_\_\_\_\_

Complete if applicable:

List the extra-curricular activities in which you partake: \_\_\_\_\_

\_\_\_\_\_

List any special achievements: \_\_\_\_\_

\_\_\_\_\_

Where did you hear about Bishop Bavin School? \_\_\_\_\_

### MEDICAL DETAILS

Medical Aid Society: \_\_\_\_\_ Medical Aid plan: \_\_\_\_\_

Medical Aid No: \_\_\_\_\_ Main Member: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Medical Ailments: \_\_\_\_\_ Chronic Medication: \_\_\_\_\_

Allergies: \_\_\_\_\_

- |  |  |
|--|--|
| <input type="checkbox"/> Copies of ID/Passport of parent                       | <input type="checkbox"/> Copy of ID/Passport of person responsible for account |
| <input type="checkbox"/> Copy of ID/Birth Certificate of Child                 | <input type="checkbox"/> Proof of Residential Address of parent                |
| <input type="checkbox"/> 4 colour passport photos of the child                 | <input type="checkbox"/> Current school report                                 |
| <input type="checkbox"/> Proof of Residential Address of person paying account |  |

FOR OFFICE USE ONLY - Conditions of acceptance

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## PARENT DETAILS

Marital status: Married  Divorced  Single  Separated  Other

Pupil lives with: Both parents  Parent 1  Parent 2  Other  If other, state with whom the applicant

is staying: \_\_\_\_\_ Contact number: \_\_\_\_\_

Parent 1's full name: \_\_\_\_\_ Date of birth: \_\_\_\_\_  M  F  
Gender (please tick)

ID/Passport number: \_\_\_\_\_ Home address: \_\_\_\_\_

Postal code: \_\_\_\_\_

Name of employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Business address: \_\_\_\_\_

Telephone:  
Home: \_\_\_\_\_  
Work: \_\_\_\_\_  
Mobile: \_\_\_\_\_  
Alternative: \_\_\_\_\_

Email:  
Home: \_\_\_\_\_  
Work: \_\_\_\_\_  
Alternative: \_\_\_\_\_

Parent 2's full name: \_\_\_\_\_ Date of birth: \_\_\_\_\_  M  F  
Gender (please tick)

ID/Passport number: \_\_\_\_\_ Home address: \_\_\_\_\_

Postal code: \_\_\_\_\_

Name of employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Business address: \_\_\_\_\_

Telephone:  
Home: \_\_\_\_\_  
Work: \_\_\_\_\_  
Mobile: \_\_\_\_\_  
Alternative: \_\_\_\_\_

Email:  
Home: \_\_\_\_\_  
Work: \_\_\_\_\_  
Alternative: \_\_\_\_\_

## ALTERNATIVE EMERGENCY CONTACT PERSON

(Relative/Friend not living with you):

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone:  
Home: \_\_\_\_\_  
Work: \_\_\_\_\_  
Mobile: \_\_\_\_\_  
Alternative: \_\_\_\_\_

Email:  
Home: \_\_\_\_\_  
Work: \_\_\_\_\_  
Alternative: \_\_\_\_\_



