



HOLY CROSS SISTERS' SCHOOL

Tel: (021) 919 4734
Fax: (021) 919 8263
admin@hcss.wcape.school.za
www.holycross.co.za

BLOEMHOF STREET
P O BOX 1016
BELLVILLE 7535

APPLICATION CHECKLIST

Thank you for your application to Holy Cross Sisters' School, Bellville.

Please complete the application form and submit it to the school together with copies of the following:

- Child's Birth Certificate
- Baptismal Certificate
- Clinic Card
- Latest school report if applying for Gr 1 to Gr 7
- Parents' ID Documents

We also require a non-refundable R250 registration fee.

An appointment for an interview will be made telephonically once all the relevant documents and registration fee have been received.



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THE PARENT IN THE CATHOLIC SCHOOL COMMUNITY

ON ENROLLING YOUR CHILD in a Catholic school, you accept an invitation to belong to an educational community, with all the privileges and responsibilities this implies. You also accept an invitation to belong to a faith community and are therefore expected to commit yourself to co-operate with all those groups forming the faith community, and to commit yourself to the values of the Catholic school system.

YOU ARE WELCOMED INTO THIS COMMUNITY

It is expected that you give evidence of:

- ✚ Witness to the values of the Gospel of Jesus
- ✚ Collaboration with the community in the education and welfare of your child
- ✚ Involvement in helping develop the resources of the school and visiting the school to talk with teachers, attend celebrations and share other aspects of school life
- ✚ Share your particular gifts in ways which will build up the school by serving on committees or other administrative areas, in an advisory of executive capacity.

WITNESS TO THE PERSON AND GOSPEL OF JESUS

As a parent in a Catholic school, you accept the challenge of witness by:

- ✚ Developing and deepening your understanding of the Person and Teachings of Jesus and by living out this understanding;
- ✚ Taking an interest in school life and the progress of your child, accepting invitations to attend functions and events, meeting teachers, and attending celebrations such as school Mass and other prayer events;
- ✚ Sharing in some way in the development of the school resources, fund-raising, sharing your talents and expertise for the upbuilding of the school community and premises;
- ✚ Challenging, in an appropriate way, those people or structures within the school that work against the values of the Gospel;
- ✚ Forming a school / home relationship whereby the child learns the same ideas and values as the school tries to develop, especially in matters of faith and morals;
- ✚ Reflecting on your unique position of chief educator of your child and how to live your role as partner in his / her Christian education.

THE TEACHING OF THE CHURCH ON THE ROLE OF PARENTS IN CATHOLIC EDUCATION

The education of the child means a "drawing out" of the wonderful human potential that exists within each child, not just a potential to know, but also a potential to feel and love, to create art and music, to choose between right and wrong.

An essential part of this process is that pupils be able to observe models of adult living in the life-style of the educating community.

Before all others, parents are bound to form their children by word and example, in faith and Christian living.

There must be the closest co-operation between parents and the teachers to whom they entrust their children to be educated.

In fulfilling their task, teachers are to collaborate closely with the parents and willingly listen to them; associations are to be set up and held in high esteem.

Everyone involved in the school is part of the school community.

Parents are the central figures, since they are the natural and irreplaceable agents in the education of their children.

Achieving the educational aims of the school should be an equal priority for teachers, pupils and families alike, each on according to his or her own role, always in the Gospel spirit of freedom and love. Therefore, channels of communication should be open among all those concerned with the school. Frequent meetings will make this possible, and a willingness to discuss problems candidly will enrich this communication.

Parents are the first teachers of their children, and the primary responsibility remains with the parents. Many of the most important aspects of education can come only from the family. Experience has shown that a child's performance is significantly higher, when parents are seen to be interested and involved.

Parents are also often under great pressure in these times to change and economic struggle. They need all the help they can get in their role as parents. The school community can do much to help parents, since they are trained professionals; therefore, good communication is worth fostering, for the good of parent, pupil and teacher.



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APPLICATION FORM

Learner's Surname: (block letters) Christian Name:

Date of Birth: Learner's Identity No:

Religious Denomination of learner: Home Language:

School last attended: Tel No: Grade: Year:

How long at last school: Other schools attended by learner:

Grade applying for: In the year:

Full name of Father/Guardian: I.D. No:

Occupation: Employer:

Residential Address: Code:

Postal Address: Email:

Full name of Mother/Guardian: I.D. No:

Occupation: Employer:

Residential Address: (only if different from above) Code:

Postal Address: (only if different from above) Email:

Telephone No: (Father) Home: Business: Cell:

(Mother) Home: Business: Cell:

Religious Denomination (Father) (Mother)

Is the child of divorced/separated/single/widowed parents? If so, who has custody?

Are both parents living? Is the child a step-child? Adopted?

Please list any brothers and sisters: Name: Age:

Name: Age: Name: Age:

Name of parent/guardian responsible for payment of school fees:

Child's Health: Any handicaps:

I AGREE TO GIVE A TERM'S NOTICE IN WRITING OF WITHDRAWAL OF MY CHILD.

Date: Signature:

APPLICATION FORM (Continued)

To be completed before consideration of APPLICATIONS for HOLY CROSS PRIMARY AND PRE-PRIMARY SCHOOLS. (Contents will be treated as CONFIDENTIAL.)

1. Why would you like your child to attend Holy Cross Sisters' School?
2. How long do you intend leaving your child at this school?
3. I have read the accompanying document on ***The Parent in the Catholic School Community*** and I am in agreement with its contents:
4. I shall endeavour
 - a) to live by these principals, thereby witnessing to the person and the Gospel of Jesus Christ to enhance the Christian spirit of the Holy Cross School community.
 - b) to form a school/home relationship whereby the child learns the same ideas and values as the school tries to develop, especially in matters of faith and morals.
5. Do you foresee a conflict between what your child will hear in the Religious Education classes and what is actually practiced in the home?
6. If Catholic, please indicate the name of your Parish Priest
7. Are you prepared to promote the work of the staff by showing an interest in, and attending the meetings organised for the benefit of your child?
8. Are you prepared to abide by, and actively support regulations of the school regarding discipline, punctuality, uniform, extra mural activities etc.?
9. Doctors' appointments, dentists' appointments etc. should be made after school hours. Are you prepared to accept this regulation?
10. Children who are absent from school for more than two days are required to submit a doctor's certificate. Holidays during school time and days off school must be avoided. Are you prepared to accept this regulation?
11. Are you aware that in an Independent School such as this, school fees have to be paid and that these may change without prior notice?
12. Is there any problem which you would like to discuss confidentially?

I confirm that my son/daughter will continue with his/her education at Holy Cross Sisters' School after having successfully completed the Pre-Primary phase.

PLEASE NOTE:

- Incomplete applications without signatures will not be considered.
- Monthly school fees are payable by Debit Order only. Discounted annual amount payable electronically.

Application forms must be accompanied by the following:

1. Childs' Birth Certificate
2. Baptismal Certificate
3. Clinic Card
4. Latest school report if applying for Gr 1 to Gr 7
5. Parents' ID Documents
6. R250 non-refundable registration fee

PARENT / GUARDIAN SIGNATURE

NAME (please print)

DATE



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DEBIT ORDER MANDATE – 2019 Current Account

PAYMENT INSTRUCTION *(Specify where applicable)*

Unique Reference Number MULTID FOR HOLY
Recurring Payment Monthly
Recurring Amount _____
Once-Off Payment Amount _____
Specific Collection Period From January 2019 to October 2019
Variable Amount Allowed

ACCOUNT HOLDER DETAILS

Title: _____
Full names and surname / institution / trust _____
RSA Identity number _____
Passport number _____ Country of Issue _____
Registration number of institution / trust _____
Type of institution: _____ *Company/Closed Corporation/Trust/Deceased Estate/Partnership/Other Legal Person*
Physical Address _____
Postal Address _____
Telephone Number (h) _____ (w) _____ (c) _____
E-mail address _____

Learners Name	Grade	Account number (optional)

BANK DETAILS

Name of bank _____ Name of branch _____
Account number _____ 6 digit bank code _____
Type of account Current Savings Transmission Other _____

DEDUCTIONS

Date of first deduction 15 January 2019 / 31 January 2019 (please circle preference) and thereafter regularly according to the agreement, on the 15th day / the last day of the following month (please circle preference).

If however, the date of the payment instruction falls on a non-processing day (weekend or public holiday); I agree that the payment instruction may be debited against my account on the **following business day**.

Any payments in arrears must be collected additionally with the first deduction? Yes No

DECLARATION

I, the undersigned, request _____ to arrange with my bank to collect, by means of the debit order system, the payments in terms of the stipulations of the contract and payments in arrears (as they may be amended from time to time / where applicable / where so requested) of the above-mentioned against my account.

Signature of payer _____

Date _____ (dd/mm/ccyy)