



HOLY CROSS SISTERS' SCHOOL

Tel: (021) 919 4734
admin@holycross.co.za
www.holycross.co.za

BLOEMHOF STR
PO 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:

- Certified copy of Child's Birth Certificate
- ID photo
- Baptismal Certificate
- Clinic Card
- Latest school report if applying for Gr 1 to Gr 7
- R250 non-refundable registration fee
- Certified copy of Parents' ID Documents

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 or 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.



ENROLMENT FORM - 2025

PLEASE COMPLETE WITH A BLACK PEN
 DO YOU HAVE ANY LEARNERS CURRENTLY/PREVIOUSLY IN THIS SCHOOL? Yes No

Name of other learner(s) : _____

DATE: 15 FEB 2024

LEARNER INFORMATION

LEARNER

Full names: _____
 Surname: _____
 Preferred name: _____
 Date of birth: _____
 ID number: _____
 Nationality: _____
 Religious denomination: _____
 Gender: Male Female
 Ethnic group: _____
 Home language: _____
 Preferred tuition language: _____
 Dexterity: Left Right Both
 Learner mobile number: _____
 Learner e-mail address: _____
 Admission date: _____
 Grade in 2025 : _____
 Years in grade for 2025 : _____
 Years in phase for 2025 : _____
 Pre-primary education attended: Formal Informal
 Other: _____
 Attach learner photo: 

Method of transport: _____
 Taxi/Bus registration number: _____
 Name of driver: _____
 Contact number: _____

NEXT OF KIN INFORMATION

Name: _____
 Contact number: _____
 Alternative contact number: _____
 Relation: _____

OFFICE USE ONLY

Family code: _____ Waiting list: A B
 Register class: _____ Number on waiting list: _____
 Admission number: _____ ID copy:
 Application fee:
 Proof of residence:
 Birth certificate:
 Clinic card

FAMILY INFORMATION

Family status: Both parents Single parent - Unmarried
 Foster care Childrens home Single parent - Divorced
 Other Re-composed Widow/Widower
 Parents deceased: Mother Father None

LEARNER HEALTH INFORMATION

Chronic diseases: _____
 Allergies: _____
 Medication: _____

MEDICAL AID INFORMATION

Name: _____
 Telephone number: _____
 Member number: _____
 Primary member: _____

FAMILY DOCTOR INFORMATION

Name: _____
 Telephone number: _____
 Business address: _____

INFORMATION OF PREVIOUS SCHOOL/PLAY GROUP/NURSERY

First registration of learner in Western Cape: Yes No
 Learner attended school last year Yes No
 If yes, in which Province/Country: _____
 Previous school _____
 Telephone Number _____
 Address _____
 Province _____
 Highest grade in previous school _____
 Reason for leaving the school _____

BIOLOGICAL PARENT / LEGAL GUARDIAN 1 INFORMATION

Title: _____	Postal address: _____
Full names: _____	_____
Surname: _____	_____
Initials: _____	Occupation status: <input type="checkbox"/> Own Employer Professional
Preferred name: _____	<input type="checkbox"/> Own Employer Non-Professional
ID number: _____	<input type="checkbox"/> House wife <input type="checkbox"/> Part time
Home language: _____	<input type="checkbox"/> Contract worker <input type="checkbox"/> Pensioner
Communication preference: <input type="checkbox"/> SMS <input type="checkbox"/> E-mail <input type="checkbox"/> Mail	<input type="checkbox"/> Student <input type="checkbox"/> Temporary
<input type="checkbox"/> By hand	<input type="checkbox"/> Full time <input type="checkbox"/> Unemployed
Language preference: _____	Occupation: _____
Mobile number: _____	Employer: _____
Home Tel: _____	Work telephone number: _____
Fax: _____	Employer physical address: _____
E-mail: _____	_____
Residential address: _____	_____
_____	Is the learner living with this parent? <input type="checkbox"/> Yes <input type="checkbox"/> No

BIOLOGICAL PARENT / LEGAL GUARDIAN 2 INFORMATION

Title: _____	Postal address: _____
Full names: _____	_____
Surname: _____	_____
Initials: _____	Occupation status: <input type="checkbox"/> Own Employer Professional
Preferred name: _____	<input type="checkbox"/> Own Employer Non-Professional
ID number: _____	<input type="checkbox"/> House wife <input type="checkbox"/> Part time
Home language: _____	<input type="checkbox"/> Contract worker <input type="checkbox"/> Pensioner
Communication preference: <input type="checkbox"/> SMS <input type="checkbox"/> E-mail <input type="checkbox"/> Mail	<input type="checkbox"/> Student <input type="checkbox"/> Temporary
<input type="checkbox"/> By hand	<input type="checkbox"/> Full time <input type="checkbox"/> Unemployed
Language preference: _____	Occupation: _____
Mobile number: _____	Employer: _____
Home Tel: _____	Work telephone number: _____
Fax: _____	Employer physical address: _____
E-mail: _____	_____
Residential address: _____	_____
_____	Is the learner living with this parent? <input type="checkbox"/> Yes <input type="checkbox"/> No

DECLARATION BY PARENT / GUARDIAN

I _____ (Name of Parent / Guardian) hereby declare that the information supplied in this form is true and just and that I, by way of my signature hereunder, authorise the Chairperson of the School Governing Body or his/her representative to control and confirm any of the details supplied. I am aware that should any information supplied be found not to be true, I may be liable to a criminal offence.

Signed at _____ on _____ day of _____ 20__.

Signature of Parent / Guardian: _____

CONTRACT WITH SCHOOL WITH REGARDS TO PAYMENT

Agreement between Holy Cross Sisters' School and _____ (Name of parent / guardian) with regards to the payment of school fees.

a. Accept responsibility for the payment of fees for above child before or on the seventh (7th) day of each month via:

- Debit order
- Cash
- Internet transfer

- b. I agree to inform the Principal in writing if I am unable to pay the fees. My child's admission will be secured for one (1) month.
- c. I understand that the school will take the necessary legal steps to recover any outstanding fees.
- d. I agree to give one (1) calendar months' notice should my child no longer attend school. In the last term, I undertake to give notice in October as November doesn't serve as a notice month.
- e. I declare that the forms have been completed correctly. I have read and understand the acceptance requirements and school rules.
- f. If you prefer to receive statements by e-mail, please indicate e-mail address.
- g. I / We the parents / guardian of _____ undertake to honour the agreement as set out above.

Signature of Parent / Guardian: _____ Date: _____

PERMISSION / CONSENT TO TAKE PART IN ALL ORGANISED ACADEMIC, SPORT AND CULTURE ACTIVITIES

- 1. I, parent / guardian of _____ hereby give permission that he/she may participate in all academic, sport and culture activities presented by the school in an organised manner. To participate in tests conducted by the school support team with the object of improvement in schoolwork and to identify other problems.
- 2. I accept that all reasonable precautions will be taken for the safety and wellbeing of my child and that I will be held responsible for the payment of the medical and / or hospital fees if enforced upon, in case of an injury which cannot be ascribed to the responsible personnel's coarse negligence.
- 3. I hereby delegate my powers as parent / guardian to the Principal of the school or representative if medical treatment may be needed for my child. As far as I know, he/she is physically able to participate in any organised activities and resides in good health.
- 4. I confirm that all medical information supplied in the Learner Information section of this form is accurate and complete. This information may be used in case of an emergency.
- 5. I undertake to inform the school if any of the above information may change.
- 6. I undertake to support my child to obey the Code of Conduct and the disciplinary system of Holy Cross Sisters' School as included in the Policy of the school.

Signature of Parent / Guardian: _____ Date: _____

INDEMNITY

I/We the parents of/ the guardian of _____ (name of learner) indemnify unconditionally and without restriction Holy Cross Sisters' School and/or the shareholders of Holy Cross Sisters' School or any person employed by Holy Cross Sisters' School or any person acting on behalf of Holy Cross Sisters' School against any losses, claims, injury or death that may be caused to the above learner by virtue of his or her use of any of the facilities provided by Holy Cross Sisters' School.

Signed at _____ on _____ day of _____ 20 _____.

Signature of Parent / Guardian: _____

Banking Details:	
Bank:	FNB
Name:	Holy Cross Sisters' School
Acc No:	59382198265 (Kindly use Child's name, surname and grade as reference)
Branch:	Cape Gate
Code:	251945