



## DE LA SALLE HOLY CROSS COLLEGE

GDE Reg. No. 130583 / Umalusi Accredited



Pupil's Surname: \_\_\_\_\_ Gender: \_\_\_\_\_

Names: \_\_\_\_\_

Date of birth (Certified copy of Birth Certificate required): \_\_\_\_\_

Home Language: \_\_\_\_\_ Race: \_\_\_\_\_ Nationality: \_\_\_\_\_

Religious Denomination (Pupil): \_\_\_\_\_

*N.B. – Catholics are required to fill in details on the second page of this form.*

School last attended (if applicable): \_\_\_\_\_

Grade at date of application: \_\_\_\_\_ Grade applying for: \_\_\_\_\_ in the year: \_\_\_\_\_

AFFIX A RECENT  
COLOUR PHOTO**Remarks**

1. Scholastic ability (mention weak subjects if applicable): \_\_\_\_\_

2. Health: \_\_\_\_\_

3. General: \_\_\_\_\_

4. Sports/Cultural/Other achievements: \_\_\_\_\_

If candidate has brothers/sisters attending this school, state names and classes: \_\_\_\_\_

Is either parent a past pupil?: \_\_\_\_\_ If Mother is past pupil, give maiden name: \_\_\_\_\_

**Parent 1/Guardian - (Person responsible for the payment of school fees)**

Surname: \_\_\_\_\_ Full Names: \_\_\_\_\_

Relationship to Pupil: \_\_\_\_\_ Religion: \_\_\_\_\_

Telephone Numbers: (C) \_\_\_\_\_ (H) \_\_\_\_\_ (W) \_\_\_\_\_

ID No (Certified copy of ID required): \_\_\_\_\_ Email: \_\_\_\_\_

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

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

Occupation: \_\_\_\_\_ Name of Employer: \_\_\_\_\_

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

**Parent 2/Guardian**

Surname: \_\_\_\_\_ Full Names: \_\_\_\_\_

Relationship to Pupil: \_\_\_\_\_ Religion: \_\_\_\_\_

Telephone Numbers: (C) \_\_\_\_\_ (H) \_\_\_\_\_ (W) \_\_\_\_\_

ID No (Certified copy of ID required): \_\_\_\_\_ Email: \_\_\_\_\_

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

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

Occupation: \_\_\_\_\_ Name of Employer: \_\_\_\_\_

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

**Note: A registration fee of R500.00 must accompany this form. On a vacancy arising and a place being offered at the school, a non-refundable levy applicable at the time of acceptance will become payable together with an amount equal to the first term's fee.**

**By my/our signature I/We confirm that I/we have read and understood the terms and conditions contained on the reverse hereof.**

DATE

SIGNATURE: PARENT 1 / GUARDIAN

SIGNATURE: PARENT 2 / GUARDIAN



## DE LA SALLE HOLY CROSS COLLEGE

Catholics are required to complete the following details in respect of their child:

Parish: \_\_\_\_\_

Name of Parish Priest: \_\_\_\_\_

Date of Baptism: \_\_\_\_\_ Place: \_\_\_\_\_

**(Certified copy of Baptismal Certificate Required)**

**Terms and Conditions Applicable on Acceptance.**

Where applicable the most recent School Report should accompany this Application.

I/We certify that the above particulars are correct, and that my son / daughter / ward is/are of good health, and good moral conduct.

I/We hereby give consent for my son / daughter / ward to receive medical treatment in the case of emergency as the Principal of the College or any duly appointed person deems fit and appropriate.

I/We hereby absolve the College, the Principal of the College and any duly appointed person, as set out above, and hold them blameless should any claim arise in connection with possible injury of my son / daughter / ward or damage to property.

I/We undertake to observe the rules and regulations of the College for the time being in force, to accept the decision of the Principal on any contentious matter regarding my son's / daughter's / ward's schooling and conduct, to pay the stipulated fees, and to give one term's written notice of withdrawal of my son / daughter / ward. Failure to give the stipulated notice will render the parents or guardian liable to a term's fees in lieu thereof.

I/We consent to DE LA SALLE HOLY CROSS COLLEGE sharing information on our account with DE LA SALLE HOLY CROSS COLLEGE, with other credit grantors and credit bureau. Information shared with such credit grantors and credit bureau is used to make credit granting decisions and to prevent fraud.

<b>FOR OFFICE USE - NB: The following is to be attached to your application form and checked</b>	<input checked="" type="checkbox"/>
<b>Recent Photograph</b>	<input type="checkbox"/>
<b>Registration Fee</b>	<input type="checkbox"/>
<b>Certified copy of Applicant's Birth Certificate</b>	<input type="checkbox"/>
<b>Certified copy of Father's / Guardian's ID Document</b>	<input type="checkbox"/>
<b>Certified copy of Mother's / Guardian's ID Document</b>	<input type="checkbox"/>
<b>Certified copy of Baptism Certificate (Catholics only)</b>	<input type="checkbox"/>
<b>Latest School Report (High School only)</b>	<input type="checkbox"/>

**Junior School:**

Tel: 011 782-5217

Fax: 011 782-8489

Email: debbyc@dlshccj.co.za

**High School:**

Tel: 011 782-4896 / 011 888-1692

Fax: 011 888-1282

Email: admissions@dlshcch.co.za