



St Mary's School  
Waverley  
Founded 1888

## APPLICATION FORM

**THIS APPLICATION MUST BE ACCOMPANIED BY A R250 NON-REFUNDABLE REGISTRATION FEE**

Monies may be deposited directly into the School's bank account.

Account name: St Mary's School for Girls Bank: Standard Bank Branch: Bramley Code: 004005

Account number: 001789163 Swift code: SBZAZAJJ (for foreign deposits)

Please fax proof of payment to 011 440 1226 (Junior School) 086 504 1122 (Senior School)

Please complete in block capitals

### DETAILS OF PROSPECTIVE PUPIL

Surname \_\_\_\_\_  
 First names \_\_\_\_\_ Preferred name \_\_\_\_\_  
 Date of birth (Y/M/D) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ ID number \_\_\_\_\_  
 Country of birth \_\_\_\_\_ Citizenship \_\_\_\_\_  
 Home language \_\_\_\_\_ Religion \_\_\_\_\_  
 Proposed grade of entry \_\_\_\_\_ Proposed date of entry \_\_\_\_\_  
 Pupil's cellphone \_\_\_\_\_ Number of siblings \_\_\_\_\_  
 Is boarding required? \_\_\_\_\_ Weekly or termly \_\_\_\_\_  
 Present School \_\_\_\_\_ Previous School(s) \_\_\_\_\_

### TO BE COMPLETED BY THE PARENT OR GUARDIAN WITH WHOM THE APPLICANT NORMALLY RESIDES:

Home address \_\_\_\_\_ Postal code \_\_\_\_\_  
 Postal address \_\_\_\_\_ Postal code \_\_\_\_\_  
 Telephone (home) \_\_\_\_\_

All correspondence will be sent to this postal address, unless otherwise requested.

Please note: it is imperative that you keep the School advised of any change of address. If we are not able to contact you at the addresses supplied, we will assume that the application is to be cancelled.

### FATHER / MALE GUARDIAN

Title \_\_\_\_\_ Father's / Guardian's full names \_\_\_\_\_  
 Father's / Guardian's occupation \_\_\_\_\_  
 Father's / Guardian's business address (including name of employer if applicable) \_\_\_\_\_  
 Contact numbers: Work \_\_\_\_\_ Fax \_\_\_\_\_  
 Cell \_\_\_\_\_ Email \_\_\_\_\_  
 ID/Passport \_\_\_\_\_

**MOTHER / FEMALE GUARDIAN**

Title \_\_\_\_\_ Mother's / Guardian's full names \_\_\_\_\_

Mother's / Guardian's occupation \_\_\_\_\_

Mother's / Guardian's business address (including name of employer if applicable) \_\_\_\_\_

Contact numbers: Work \_\_\_\_\_ Fax \_\_\_\_\_

Cell \_\_\_\_\_ email \_\_\_\_\_

ID/Passport \_\_\_\_\_

**ADDITIONAL INFORMATION**

Please supply a contact person in the case of emergency:

Name \_\_\_\_\_ Contact number \_\_\_\_\_

Is your daughter related to anyone connected with the School? Please state the name of the person and relationship.

If not, please state how you heard about St Mary's (e.g. advertisement, educational directory, member of staff, friend) \_\_\_\_\_

Which other schools have you applied to, if any? \_\_\_\_\_

**BANKING DETAILS** (*Credit checks will be carried out*)

Name of person responsible for School account \_\_\_\_\_

Name of bank account holder \_\_\_\_\_

Bank \_\_\_\_\_ (Current account details required) \_\_\_\_\_

Branch \_\_\_\_\_ Branch number \_\_\_\_\_

Account number \_\_\_\_\_

**PLEASE NOTE:**

1. Acceptance of this application and the registration fee does not guarantee a place to the applicant.
2. When a place is offered to the applicant, such offer is conditional upon signature by the Parent or Guardian of the conditions of admission, which are current at the time of acceptance.
3. A copy of the current Conditions of Admission into the School is included. If a place is offered you will be required to agree to the current Conditions of Admission.

Dated this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

Signature of Father / Guardian \_\_\_\_\_

Signature of Mother / Guardian \_\_\_\_\_

Witness \_\_\_\_\_

**THANK YOU FOR APPLYING TO ST MARY'S SCHOOL**

PO Box 981, Highlands North 2037, Gauteng, South Africa 55 Athol Street, Waverley 2090, Gauteng, South Africa

Senior School Tel: 011 531 1800 Fax: 011 786 9652 smsenior@stmary.co.za

Junior School Tel: 011 531 1880 Fax: 011 440 1226 smjunior@stmary.co.za

www.stmaryschool.co.za