



**ST MARTIN'S
SCHOOL**

Application Form

Prep School
East Road, The Hill
011 435 0380

High School
114 Victoria Street, Rosettnville
011 435 0735

Please provide full details by completing all sections and details as of today's date.

Pupil's name and surname		Enrolment grade	
Pupil's Date of Birth:			
Please mark with an X where appropriate:			
Pre-Prep School	Prep School	High School	
		Day Scholar	Boarder

For office use only
Date Application Received:
Application decision:
Registration fee:
Deposit Paid:

Please note, incomplete applications will not be processed.

AF/February2022/VE

Pupil Information

Pupil's first name/s: _____ Surname: _____

Place of birth: _____ Citizenship: _____

Identity number/passport number: _____

Home language: _____ Religion: _____

First year in which child attended formal schooling: _____

Number of years at school: _____

Current school: _____ Current grade: _____

Current school address: _____

Medical Aid Details: _____

Father's Information

First name/s: _____ Surname: _____

Place of birth: _____ Citizenship: _____

Identity number/passport number: _____

Marital status: Single Partnership Married Divorced Separated
Widowed (please tick where relevant)

If married, type of marriage: Married in Community of Property
Out of Community of Property

(please tick where relevant)

Occupation (state nature of work): _____

Employer (state name of company if self-employed):

Residential address: _____

Postal address, if different from above: _____

_____ Postal code: _____

Contact details:

Home: _____ Work: _____

Mobile: _____ Email: _____

Mother's Information

First name/s: _____ Surname: _____

Place of birth: _____ Citizenship: _____

Identity number/passport number: _____

Marital status: Single Partnership Married Divorced Separated
Widowed (please tick where relevant)

If married, type of marriage: Married in Community of Property
Out of Community of Property

(Please tick where relevant)

Occupation (state nature of work): _____

Employer (state name of company if self-employed): _____

Residential address: _____

Postal address, if different from above: _____

Postal code: _____

Contact details:

Home: _____ Work: _____

Mobile: _____ Email: _____

Is either parent a St Martin's alumni? If yes, state year of matriculation:

Father _____ Mother _____

How did you hear about St Martin's School?

This section to be completed by the person/s responsible for paying the child's fees:

I/We _____/and _____

hereby apply for a place at St Martin's School for my/our abovementioned child as a day-scholar/boarder (delete whichever not applicable).

Commencing in term 1 , term 2 or term 3 , 20_____, and agree:

1. To pay in advance, as per the selected option, all fees as laid down and as amended by the school from time to time;
provided that;
 - a. where the year's tuition fees (i.e. for three terms in the calendar year) are paid in full by 31 January in the current year and where there are no arrears, a discount of 4.5% on the full year's tuition will be awarded.
 - b. Where two terms tuition fees are paid in full by the first Friday of the Easter term or Trinity term and there are no arrears a discount of 2.0% will be awarded.

Parents/fee payers who wish to make use of option 1 or 2 need to have the full year's fees calculated accurately by the credit controller before making payment.

2. To pay as soon as accounts are rendered in respect of all charges incurred on behalf of my child;
3. That invoices for fees not paid promptly on the stipulated date of payment will attract interest on such invoice at the maximum permissible rate in terms of the National Credit Act, 2005 (and as amended), and I shall be liable for all default charges and collection costs, which are permitted to be recovered in terms of the National Credit Act, 2005 (and as amended).
4. To give one full term's notice in writing before withdrawing the child, and before any change from boarder to day-scholar status, or to pay a full term's fees in lieu of such notice;
5. That, being the person/s responsible for the payment of fees to St Martin's School in respect of the child named above, hereby authorise the Headmaster or his designated representative to refer at any time to my/our banker/s and/or credit rating agency for the purposes of obtaining a reference.
6. To sign (or in the case of an organisation being liable for fees, arrange to have signed) the Acceptance of Place document to be provided by the school in due course in the event of this application being accepted by the school, failing which this application shall lapse and be of no further force and effect.

My/our banker/s are: _____

Name of account holder: _____

Account number: _____ Branch: _____

Signed at _____ (place) this _____ day of _____ 20_____

Signature (fee payers): _____

Name (fee payer): _____

Signature (guardian): _____ Name (guardian): _____

Thank you for your application and co-operation. Kindly provide the following items with this application form and email the application form to admissions@stmartin.co.za:

A non-refundable registration fee of R100		Certified copy of child's birth certificate	
Certified copies of school reports: latest end of term report and latest end of year report		Letter of reference from previous school	
Three months bank statements of person responsible for paying the fees		Final fee statement from previous school	
Payslip of Fee Payer/s		A letter from paying organisation responsible for payment of fees confirming the undertaking to pay fees (if applicable)	

