

Veritas College

(FORMERLY CONVENT AND CBC, SPRINGS)

PREPARATORY SCHOOL

STREET ADDRESS:
40 Derby Avenue
Springs Extension
Springs
P.O. Box 474
Springs
1560
Tel: (011) 362 2686
(011) 362 3185
Fax: (011) 362 1485
Fax to e-mail: 086 232 9644
Email: admin@veritas.org.za
marketing@veritas.org.za



Learn, Live and Lead with Love

SENIOR SCHOOL

STREET ADDRESS:
Nestor Road
Pollak Park
Springs
P.O. Box 288
Springs
1560
Tel: (011) 812 2767
(011) 815 6414
Fax: (011) 815 2381
Fax to e-mail: 086 218 5846
Email: veritasc@netactive.co.za
marketing@veritas.org.za

APPLICATION FORM

	<u>ALONG WITH THIS APPLICATION FORM, PLEASE SUBMIT:</u>	<u>RECEIVED</u>	<u>COMMENTS</u>
1.	An application fee of R 250.00 (non-refundable)		Receipt no:
2.	A copy of applicant's birth certificate.		
3.	A copy of applicant's latest school report (compulsory).		
4.	2 Head & shoulder passport size photographs of applicant.		
5.	A copy of applicant's clinic card (Pre-Preparatory only).		
6.	A copy of Father/Guardian's Identity document.		
7.	A copy of Mother/Guardian's Identity document.		
8.	Proof of residential address e.g. Lights & Water account (not older than 3 months).		
9.	Transfer card from previous school/ campus.		

GRADE FOR WHICH ADMISSION IS REQUESTED: _____ YEAR: _____

SURNAME OF CHILD: _____

MALE

FEMALE

FIRST NAMES: (in full) _____ DATE OF BIRTH: _____

ID NO: _____ RELIGION: _____

NAME OF PRESENT SCHOOL: _____

FATHER'S/GUARDIAN'S DETAILS: INITIALS & SURNAME: _____

OCCUPATION: _____ WORK NO: _____

HOME NO: _____ CELL NO: _____

E-MAIL ADDRESS: _____

MOTHER'S/GUARDIAN'S DETAILS: INITIALS & SURNAME: _____

OCCUPATION: _____ WORK NO: _____

HOME NO: _____ CELL NO: _____

EMAIL ADDRESS: _____

CHILD LIVES WITH

MOTHER

FATHER

GUARDIAN

CORRESPONDENCE ADDRESS: _____

_____ POSTAL CODE: _____

Does the child have any brothers or sisters presently attending Veritas College:

NO YES

If yes, please complete:

NAME: _____ GRADE: _____

NAME: _____ GRADE: _____

Person responsible for paying the account: _____ Tel No: _____

(Should this NOT be the parent or guardian please supply a copy of the ID.)

VERITAS COLLEGE RESERVES THE RIGHT TO DO A CREDIT INVESTIGATION ON THE PERSON RESPONSIBLE FOR PAYING THE FEES.

SIGNATURE OF PARENT / GUARDIAN: _____ DATE: _____

PRINTED INITIALS & SURNAME OF ABOVE SIGNATORY: _____

How did you hear about us:

- WEBSITE
- FACEBOOK
- ADVERTISEMENT
- OPEN DAY
- FRIEND
- ANOTHER PARENT

OTHER _____

FOR OFFICE USE ONLY

Date of Assessment	Assessed By:	HOD
Educator's Comments:		
General Comments:		

Credit check completed: _____ Date: _____

Comments: _____

Employment check completed: _____ Date: _____

Comments: _____

Accepted:

NO YES

Date: _____

Principal's comments: _____

Principal's signature: _____

Date: _____