

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,</u> <u>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 or passport.		
3.	A copy of applicant's latest school report.		
4.	2 Head & shoulder passport size photographs of applicant.		
5.	A copy of applicant's clinic card.		
6.	A copy of Father's/Guardian's Identity document or passport.		
7.	A copy of Mother's/Guardian's Identity document or passport.		
8.	Proof of residential address e.g. Lights & Water account (not older than 3 months).		
9.	Transfer card from previous school/ campus (to be submitted the day the child starts schooling at Veritas College).		

GRADE FOR WHICH ADMISSION IS REQUESTED: _____ YEAR TO BE ADMITTED: _____

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: _____

COMPANY EMPLOYED AT: _____

OCCUPATION: _____ WORK NO: _____

HOME NO: _____ CELL NO: _____

E-MAIL ADDRESS: _____

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

COMPANY EMPLOYED AT: _____

OCCUPATION: _____ WORK NO: _____



HOME NO: _____ CELL NO: _____

EMAIL ADDRESS: _____

CHILD LIVES WITH

MOTHER	FATHER	GUARDIAN
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PHYSICAL ADDRESS: _____

_____ POSTAL CODE: _____

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

NO	YES
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If yes, please complete:

NAME: _____ GRADE: _____

NAME: _____ GRADE: _____

Signed acknowledgement of account payment: Mother/ Guardian: _____

Father/ Guardian: _____

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

DATE: _____

How did you hear about us:

WEBSITE
FACEBOOK
ADVERTISEMENT
OPEN DAY
FRIEND
ANOTHER PARENT
OTHER _____

BANKING DETAILS:

Account Name: Veritas College
Bank: Standard Bank
Account No: 020 787 421
Branch: Springs
Branch Code: 051 000
Reference: Name & Surname of child

FOR OFFICE USE ONLY

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

Credit check completed: _____ Date: _____

Comments: _____

Employment check completed: _____ Date: _____

Comments: _____

Accepted:

NO	YES
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 Date: _____

Principal's comments: _____

Principal's signature: _____ Date: _____