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APPLICATION FORM

E-MAIL ADDRESS.....

PUPIL'S DETAILS (PLEASE PRINT IN BLOCK CAPITALS)

SURNAME:	NAME:
I.D. NUMBER:	DATE OF BIRTH:
HOME LANGUAGE:	POSITION IN THE FAMILY:
HOME ADDRESS:	POSTAL ADDRESS:
TEL NUMBER:	PREVIOUS SCHOOL ATTENDED:
DOCTOR:	DOCTORS TEL NUMBER:
MEDICAL AID:	MEDICAL AID NUMBER:

FATHER'S DETAILS:

MOTHER'S DETAILS:

FATHER/GUARDIAN/STEPFATHER:	MOTHER/GUARDIAN/STEPMOTHER:
SURNAME:	SURNAME:
NAME:	NAME:
I.D. NUMBER:	I.D. NUMBER:
OCCUPATION: COMPANY NAME:	OCCUPATION: COMPANY NAME:
HOME ADDRESS:	HOME ADDRESS:
POSTAL ADDRESS:	POSTAL ADDRESS:
TEL NUMBER: (HOME) TEL NUMBER: (WORK)	TEL NUMBER: (HOME) TEL NUMBER: (WORK)
CELL NUMBER:	CELL NUMBER:
MARITAL STATUS:	MARITAL STATUS:
RELIGION:	RELIGION:

EMERGENCY CONTACT NUMBERS:

NAME:	TEL NUMBER: (HOME)
RELATIONSHIP:	TEL NUMBER: (WORK)
NAME:	TEL NUMBER: (HOME)
RELATIONSHIP:	TEL NUMBER: (WORK)