



St Cyprian's School CAPE TOWN

PRE-PREPARATORY
PREPARATORY
HIGH

GRADES 000 – R
GRADES 1 – 7
GRADES 8 – 12

Tel: +27 (0) 21 461 1090 Fax: +27 (0) 21 461 8473

E-mail: head@stcyprians.co.za

Website: www.stcyprians.co.za

Reg. Fee:

Date:

Rec. No:

APPLICATION FORM 2010

PLEASE PRINT and return to:

St Cyprian's School, Admissions' Secretary, Gorge Road, 8001 ORANJEZICHT, Cape Town

CHILD'S DETAILS

Proposed Entrance Date: Year: 20.... Grade: Day learner/Boarder – weekly/Boarder – full (Underline)

Child's Surname: Child's First Names: ID Number:

Child's Preferred Name:Date of Birth:

Position in Family (eldest, youngest etc):

Physical Home Address:

.....Code:

Country of Birth: Citizenship:

Home Language: Religious Denomination:

FAMILY DETAILS

FIRST PARENT/LEGAL GUARDIAN

Title: Dr/Prof/Revd/Mr./Mrs/Ms:..... Surname: First Names:

Initial:Relationship to Learner:.....

Profession/Occupation:..... ID Number:.....

Postal Address:.....

..... Code:

Physical Home Address.....

..... Code:

Business Address:

..... Code:

Business Telephone No: (.....) Business Fax No: (.....).....

Business E-mail:

Home Telephone No: (.....)..... Home Fax No: (.....).....

Mobile No:

Personal E-mail:

SECOND PARENT/LEGAL GUARDIAN

Title: Dr/Prof/Revd/Mr/Mrs/Ms: Surname: First Names:
Initial: Relationship to Learner:
Profession / Occupation: ID Number:
Postal Address:

..... Code:
Physical Home Address:

..... Code:

Business Address:

..... Code:

Business Telephone No: (.....) Business Fax No: (.....).....
Business E-mail:
Home Telephone No: (.....)..... Home Fax No: (.....).....
Mobile No:
Personal E-mail:

CURRENT SCHOOL:

Name of current/previous School: (if applicable):

Name of Head and Address of this School:

.....Code:

Telephone: (.....)..... Fax: (.....).....

E-Mail:

What connection do you have with St Cyprian’s School? (eg mother, grandmother, friends)
.....
.....
.....

REGISTRATION FEE

ALL STUDENTS

A NON-REFUNDABLE REGISTRATION FEE of R300 must accompany this application form.

I/We, the legal guardian/s of the above named child, understand that the completion of this application form does NOT guarantee this child a place at the school.

I/We understand that by signing this application form I/we give consent for a credit check to be carried out if required.

SIGNED: (FIRST PARENT) DATE:

SIGNED: (SECOND PARENT) DATE:

Please attach a copy of your child’s latest school report and a certified copy of your child’s birth certificate together with copies of both parent’s identity books or passports.

BANK DETAILS: ST CYPRIAN’S SCHOOL STANDARD BANK A/C NO. 070 507 139
BRANCH CODE: 020 009 SWIFT CODE: SBZAZAJJ 5/03/2010