



# LORETO SCHOOL QUEENSWOOD

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## ADMISSIONS APPLICATION FORM LEARNER INFORMATION

SURNAME: \_\_\_\_\_ PREFERRED NAME: \_\_\_\_\_  
 FULL NAMES: \_\_\_\_\_ ID NUMBER: \_\_\_\_\_  
 DATE OF BIRTH: \_\_\_\_\_ CITIZENSHIP: \_\_\_\_\_  
 PASSPORT: \_\_\_\_\_ HOME LANGUAGE: \_\_\_\_\_  
 GENDER:                   MALE                   FEMALE                   ETHNIC GROUP: \_\_\_\_\_  
 RELIGIOUS DENOMINATION: \_\_\_\_\_ PREFERRED LANGUAGE: \_\_\_\_\_  
 ADMISSION DATE AT LSQ: \_\_\_\_\_ LAST GRADE ATTENDED: \_\_\_\_\_  
 ADMISSION GRADE AT LSQ: \_\_\_\_\_ GRADE APPLYING FOR: \_\_\_\_\_  
 PRE-PRIMARY EDUCATION ATTENDED: \_\_\_\_\_  
 PREVIOUS SCHOOL ATTENDED: \_\_\_\_\_  
 DATE LEFT PREVIOUS SCHOOL: \_\_\_\_\_  
 TEL NUMBER OF PREVIOUS SCHOOL: \_\_\_\_\_  
    LEARNER RESIDES WITH:     MOTHER           FATHER  
   GUARDIAN           OTHER  
 IF GUARDIAN OR OR OTHER, PLEASE GIVE ADDRESS: \_\_\_\_\_  
 NUMBER OF CHILDREN IN FAMILY ATTENDING LSQ: \_\_\_\_\_ IF ANY, WHICH GRADE/S :

### FATHER INFORMATION

SURNAME: \_\_\_\_\_ INITIALS: \_\_\_\_\_  
 FULL NAMES: \_\_\_\_\_ TITLE: \_\_\_\_\_  
 DATE OF BIRTH: \_\_\_\_\_ ID NUMBER: \_\_\_\_\_  
 PASSPORT: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_  
 MARITAL STATUS: \_\_\_\_\_ EMPLOYER: \_\_\_\_\_  
 HOME TELEPHONE NUMBER: \_\_\_\_\_ CELLPHONE NUMBER: \_\_\_\_\_  
 WORK TELEPHONE NUMBER: \_\_\_\_\_ E MAIL: \_\_\_\_\_  
 RESIDENTIAL ADDRESS: \_\_\_\_\_  
 HOME NUMBER: \_\_\_\_\_ CODE: \_\_\_\_\_  
 STREET: \_\_\_\_\_ SUBURB: \_\_\_\_\_  
 TOWN/CITY: \_\_\_\_\_ PROVINCE: \_\_\_\_\_  
 POSTAL ADDRESS: \_\_\_\_\_





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## MOTHER INFORMATION

SURNAME: INITIALS:  
FULL NAMES: TITLE:  
DATE OF BIRTH: ID NUMBER:  
PASSPORT: OCCUPATION:  
MARITAL STATUS: EMPLOYER:  
HOME TELEPHONE NUMBER: CELLPHONE NUMBER:  
WORK TELEPHONE NUMBER: E MAIL:  
RESIDENTIAL ADDRESS:  
HOME NUMBER: CODE:  
STREET: SUBURB:  
TOWN/CITY: PROVINCE:  
POSTAL ADDRESS:

## EMERGENCY INFORMATION

CONTACT PERSON: INITIALS:  
HOME TELEPHONE NUMBER: CELLPHONE NUMBER:  
WORK TELEPHONE NUMBER: E MAIL:  
RESIDENTIAL ADDRESS:  
HOME NUMBER: CODE:  
STREET: SUBURB:  
TOWN/CITY: PROVINCE:  
POSTAL ADDRESS:  
IF YOUR CHILD HAS ANY ALLERGIES PLEASE SPECIFY:  
MEDICAL FUND:  
FUND NAME: NUMBER:  
MAIN MEMBER:  
NOTES:





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I \_\_\_\_\_ PARENT/GUARDIAN TO \_\_\_\_\_ CONFIRM THAT I HAVE READ, SIGNED AND ACCEPTED THE ATTACHED 'AGREEMENT BY PARENT RESPONSIBLE FOR PAYING SCHOOL FEES' FORM REGARDING THE PAYMENT OF MY CHILD(REN)'S SCHOOL FEES AT LORETO SCHOOL QUEENSWOOD. I HAVE ALSO TAKEN NOTE OF THE FEE STRUCTURE AND CANCELLATION FEE WHICH IS PAYABLE SHOULD I CANCEL THE ADMISSION AT ANY GIVEN TIME. I UNDERSTAND THAT FAILING TO KEEP MY SCHOOL FEES UP TO DATE MONTHLY WILL RESULT IN MY CONTRACT WITH THE SCHOOL BEING CANCELLED.

SIGNED:

DATE:

## DOCUMENTS TO ACCOMPANY APPLICATION FORM:

- Copy of birth certificate
- Id document of Mother
- Id document of Father
- 2 Id size photographs of child
- Copy of Baptismal Certificate (Catholics only)
- Copy of the previous school's report, excluding Preschool applications
- Confidential report to be faxed to Loreto School Queenswood, excluding Preschool applications
- Non SA resident - Permit

## FOR OFFICE USE ONLY:

ADMISSION DATE:

ADMISSION NUMBER:

SCHOOL SPORTS HOUSE:

CHILDREN IN FAMILY:

POSITION IN FAMILY::

AMOUNTS PAID:

TESTING:

DEPOSITS:

FIRST MONTHS FEES:

