

Submission and acceptance of this pack does not constitute an undertaking that your child will be accepted.

The onus is on the parent to keep contacting the Registrar for any updates regarding your child's application.

SECTION A

2. SURNAME

1. DATE OF APPLICATION

STUDENT INFORMATION

								PAR	Printers and the second
3. CHRISTIAN NAMES									US CALL
4. ID NUMBER	on birth	certificate	9					W.	FA. FIDUOLA
5. NATIONALITY									SOLA
6. DATE OF BIRTH	on birth certificate			7. YEAR OF ENTRY TO SGC			GC		
8. CURRENT SCHOOL				9. CUR	9. CURRENT GRADE/FORM			8	Passbort
10. REASON FOR LEAVING	CURRENT	SCHOO	L						Size
									notograph
11. ARE YOU WANTING DA	AY SCHOO	DL	OR I	BOARD	ING	(PLE	ASE TICK)		
12. POSITION IN YOUR FA	MILY	OU	TOF		CHILD	REN			
13. HOME LANGUAGE									
14. RELIGION (STUDENT)									
15. STUDENT HOME ADDE	RESS								
16. CURRENT FAMILY AT S	GC OR HH	BRC	THER		SIS	ΓER	STAF	F	(PLEASE TICK
Name		School			House		Form/Grad	de/Position	
Name		School			House		Form/Grad	de/Position	
Name		School			House		Form/Grad	de/Position	
17. DO YOU HAVE ANY OI	D GEORGI	IAN (OG)	BLOC	D RELA	TIVES	(Brothe	rs Father	Grandfat	her Uncles)
Name of OG				Ye	ears at SG	C or HH		House	
Name of OG				Ye	ears at SG	C or HH		House	
					ears at SG			House	

12.3	PLEASE	PRINT CLEARLY		7	
			TOR M M		1896 200
SECTION B	FATHER'S INFORMATION GU	JARDIAN'S INFORMAT	ION C		
SURNAME		CHRISTIAN NAMES			
EMPLOYER		OCCUPATION			
WORK EMAIL		PERSONAL EMAIL			
WORK PHONE		MOBILE 1			
MOBILE 2		WHATSAPP NO.			
WORK ADDRESS					
HOME ADDRESS					
SECTION C	MOTHER'S INFORMATION 6	JUARDIAN'S INFORMA	TION		
SURNAME		CHRISTIAN NAMES			
EMPLOYER		OCCUPATION			
WORK EMAIL		PERSONAL EMAIL			
WORK PHONE		MOBILE 1			
MOBILE 2		WHATSAPP NO.			
WORK ADDRESS					
HOME ADDRESS					
SECTION D	NEXT OF KIN - in case of emergend	су			
SURNAME		CHRISTIAN NAMES			
EMPLOYER		OCCUPATION			
WORK EMAIL		PERSONAL EMAIL			
WORK PHONE		MOBILE 1			
WHATSAPP NO.		RELATIONSHIP TO STUDENT			
WORK ADDRESS					
HOME ADDRESS					
SECTION E	STUDENT'S MEDICAL AID DETAIL	LS			
MEDICAL AID SOCIETY					
MEDICAL AID NUMBER					
MEMBER'S SURNAME					
MEMBER'S FIRST NAME					
BOY'S SUFFIX NUMBER					
IMPORTANT MEDICAL IN	IFORMATION - ie: allergies, disabilities, etc				



Are you currently involved or affiliated with Hartmann House or St George's? For example are you actively involved with any fundraising activities or on any committees? If yes please list them below:

MARRIED TO BI	OLOGICAL PARENT		SINGLE PARENT				
LIVING WITH/MARRIED TO A	ANOTHER PARTNER		DIVORCED				
OTHE	R (PLEASE SPECIFY)		WIDOWED				
IF DIVORCED WHO HAS LEGAL CUSTODY OF THE STUDENT							
SECTION H HOW DID YOU HEAR ABOUT ST GEORGE'S COLLEGE (please tick appropriate boxes)							
Old Georgian family member		Word of mouth	Attended Marketing day at a JNR school				
Sibling at HH or SGC	Private	e Schools' Expo	Media advert / article				
Parish announcement A		d an Open Day	Social Media				

SECTION I OUR EXPECTATIONS OF FUTURE PARENTS

Other (please specify)

PARENTS' MARITAL STATUS

SECTION G

Our success is underpinned by our ethos and values which are formed through the contribution, support and participation of all our stakeholders including parents, staff, current and past pupils.

As a potential parent of our family, are you in a position to support our Schools, and in what areas do you feel you can assist?