



MARIST BROTHERS LINMEYER

GRADE 00 – GRADE 10

APPLICATION FORM

This form must be accompanied by:

- ✓ R 400 non-refundable administration fee
- ✓ Copy of your child's unabridged birth certificate
- ✓ Copy of your child's latest school report
- ✓ Copy of Baptism Certificate (Catholics Only)
- ✓ Applicants who are not South African Citizens must provide a valid study permit
- ✓ Signing this application form gives us permission to do any relevant credit checks

For YEAR 20 _____ For GRADE: _____ Date of application: _____

LEARNER INFORMATION

Surname: _____

First Names: _____

Identity Number/Birth Certificate No:

Date of birth: (day / month / year) / /

Gender: Male Female

Religion: _____ Home Language: _____

Current Grade: _____ Current School: _____

Current School Telephone Number: _____ Fax Number: _____

Is parent Old Boy Old Girl:

Siblings: Attending The School:

Name: _____ Current grade: _____

Sibling applications pending

Name: _____ Gender _____ Year and Grade of proposed admission _____

_____ M/F

_____ M/F

Relatives who have attended or are currently attending The School:

Name: _____ Years at The School: _____ Relationship to Applicant: _____

Other 'connections' to The School.

CATHOLICS ARE REQUIRED TO COMPLETE THE FOLLOWING:

Parish: _____ Date of Baptism: _____

PARENT INFORMATION: FATHER GUARDIAN

Title: _____ Surname: _____ Name: _____

Telephone Numbers: (H) _____ (W) _____ Cell _____

Nationality: _____ ID/Passport number:

Date of birth: (day / month / year)

Physical Address: _____ Code: _____

Postal Address: _____ Code: _____

Correspondence Email: _____ (Print clearly)

SIGNATURE: _____ **Date** _____

PARENT INFORMATION: MOTHER GUARDIAN

Title: _____ Surname: _____ Name: _____

Telephone Numbers: (H) _____ (W) _____ Cell: _____

Nationality: _____ ID/Passport number:

Date of birth: (day / month / year)

Physical Address: _____ Code: _____

Postal Address: _____ Code: _____

Correspondence Email: _____ (Print clearly)

SIGNATURE: _____ **Date** _____

MEDICAL AID DETAILS:

Medical Aid Name: _____ Med Aid Type: _____

Number: _____ Principal Member: _____

Doctor: _____ Contact no: _____

Bank Details:

Account Name: Marist Brothers Linmeyer
Bank: Standard Bank
Account Number: 002850796
Branch Code : 006005

Please return form with payment/proof of
Payment to: Mrs M Becker
(mbecker@maristbl.co.za) Fax: 011 4351708

For Office use only

Financial check:

Comments : _____

Financial Acceptance: Y N C (Conditional)


Signed: _____ Date: _____

Assessment / Testing (Grade R – 12) / Interview with Parents (Nursery School):

Date of Entrance Assessment / Interview : _____

Assessment approved : Y N C (Conditional)

Reason if N / C : _____

 Marist Brothers Linmeyer	Marist Brothers Linmeyer	
	Author: F.LAWRENCE Authorized: MBL - EXEC Date revised: 21.11.2017 Revision: 3 Policy No: MBL2024	Policy Title: APPLICATION FORM