



ST PETER'S SCHOOL

Telephone: +27 13 741 1021
 Mobile: +27 65 861 3960
 E-mail: admissions@stpetersschool.co.za

1 Neethling Street
 Sonheuwel
 P.O. Box 618
 Mbombela
 Mpumalanga

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Photo	Front Office (Admissions Office Use Only)		Academic Assessment (Office Use Only)		Finance Office (Finance Office Use Only)			Principal's Office (Office Use Only)		
	Received	Processed	Received	Processed	Received	Processed	Received	Processed	Received	Processed
	Admission Officer MS N DLAMINI		School Advisor MS G MSIMANGO		Bursar MS G MSIMANGO			Principal MRS J BOWEN		
	ACCEPT		CONDITIONAL ACCEPT		WAITING LIST	HOUSE	G	M	R	CLASS

The following CERTIFIED documents are required in respect of each applicant:

Copy of Unabridged Birth Certificate (Immigrants Applicants to submit a copy of Unabridged Birth Certificate and Passport)		
Copy of applicant's Residence/Study permit if foreign	Copy of Baptismal Certificate and testimonial from priest / minister (optional)	
Copy of parent/guardian Identity Book/Passport	Proof of Custody (If appropriate)	Most recent school report
Copy of official Immunisation Card	Current school fee statement.	Medical Aid Card
Completed and Signed Debit Order Form	*New Application fee. (R 500)	Renewal (Returning) No Charge

** Academic Assessment Appointment Time and Date (Pre-School Interview only)	Date:	Time:
*** Parent interview with the principal. Both parents to attend.	Date:	Time:

ACCOUNT #	RECEIPT #	AMOUNT	DATE
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SECTION A: CHILDS PARTICULARS

SURNAME OF CHILD																										
FIRST NAMES																										
PREFERRED NAME																										
DATE OF BIRTH	YEAR					MONTH			DAY			GENDER	MALE	FEMALE												
IDENTITY NUMBER									TYPE	RSA ID	RSA PASSPORT	FOREIGN PASSPORT														
NATIONALITY																										
HOME LANGUAGE											OTHER LANGUAGES											ETHNICITY				
MAIN MEANS OF TRANSPORT TO SCHOOL	PARENTS MOTOR VEHICLE	BUS/TAXI	WALK	CHILD RESIDES WITH	PARENTS	RELATIVES	OTHER:																			
PRESENT SCHOOL	NO SCHOOL	INDEPENDENT	GRADE	JUNIOR (<3YR)	000 (3-4YR)	00	R	1	2	3	4	5	6	7												
NAME OF SCHOOL																										
TOWN																										
PROVINCE																										
TELEPHONE													EMAIL													
DATE OF ADMISSION REQUIRED	YEAR					MONTH			DAY			GRADE APPLIED FOR	Mainstream	Learning Support												
IS THE CHILD A PRACTISING CATHOLIC?	YES	NO	IF YES, TO WHICH PARISH DO YOU BELONG?																							
DATE OF BAPTISM	IF THE CHILD BELONGS TO A DIFFERENT FAITH PLEASE STATE																									
IS THE CHILD A SOUTH AFRICAN CITIZEN?	YES	NO	IF NO, NAME OF COUNTRY OF ORIGIN																							
DATE OF ENTRY INTO SOUTH AFRICA													STUDY PERMIT DETAILS													
ACADEMIC ACHIEVEMENTS																										
SPORTING ACHIEVEMENTS																										
CULTURAL ACHIEVEMENTS																										
OTHER ACHIEVEMENTS																										
MEDICAL ISSUES, DISABILITIES AND OR ALLERGIES													SPECIAL DIETARY REQUIREMENTS													
HAS THE CHILD ANY SUFFERED PSYCHOLOGICAL OR EMOTIONAL UPSET?																										

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IN A CRITICAL MEDICAL CASE ST PETER'S SCHOOL WILL UTILISE THE QUICKEST SERVICE AVAILABLE. I _____, BEING THE PARENT/LEGAL GUARDIAN OF _____ HEREBY AGREE TO EMERGENCY MEDICAL CARE. SIGNATURE: _____											
MEDICAL AID NAME				MEDICAL AID NUMBER							
ANY ASSOCIATION WITH ST PETER'S SCHOOL				POSITION IN FAMILY							
SIBLINGS AT ST PETER'S SCHOOL NAME				GRADE		SIBLINGS AT ST PETER'S SCHOOL NAME				GRADE	
SECTION B: PARENT/GUARDIAN PARTICULARS											
PARENT A - TITLE		PROFESSOR	DR	MR	MRS	FATHER	MOTHER	RESIDENTIAL ADDRESS			
NAME											
SURNAME											
ID NUMBER											
CELLPHONE											
WORK PHONE											
HOME PHONE											
EMAIL											
OCCUPATION											
EMPLOYER											
EMPLOYER ADDRESS											
MARITAL STATUS		MARRIED	WIDOWED	DIVORCED	IF DIVORCED, WHICH PARENT HAS CUSTODY?						
PARENTAL STATUS		LIVING WITH CHILD	CHILD'S LEGAL GUARDIAN		ACCESS TO CHILD		EMERGENCY ACCESS TO CHILD ONLY				
PARENT B - TITLE		PROFESSOR	DR	MR	MRS	FATHER	MOTHER	RESIDENTIAL ADDRESS			
NAME											
SURNAME											
ID NUMBER											
CELLPHONE											
WORK PHONE											
HOME PHONE											
EMAIL											
OCCUPATION											
EMPLOYER											
EMPLOYER'S ADDRESS											
MARITAL STATUS		MARRIED	WIDOWED	DIVORCED	IF DIVORCED, WHICH PARENT HAS CUSTODY?						
PARENTAL STATUS		LIVING WITH CHILD	CHILD'S LEGAL GUARDIAN		ACCESS TO CHILD		EMERGENCY ACCESS TO CHILD ONLY				
SECTION C: EMERGENCY CONTACT - NOT PARENT/GUARDIAN PARTICULARS											
NAME											
SURNAME											
RELATIONSHIP											
CELLPHONE											
WORK PHONE											
EMAIL											

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SECTION D: DECLARATION OF PARENTS/ LEGAL GUARDIANS

WE THE UNDERSIGNED, _____ AND _____ HEREBY CERTIFY THAT THE INFORMATION GIVEN BY US FOR THIS APPLICATION FOR ADMISSION FOR _____ IS COMPLETE AND ACCURATE. WE AGREE TO THE CONDITIONS OF ADMISSION. WE ACCEPT THAT THE SCHOOL IS A CATHOLIC CHRISTIAN FAITH BASED SCHOOL AND UNDERTAKE THAT IT WILL NOT BE UNDERMINED. WE HAVE READ THE CODE OF CONDUCT AND THE DRESS CODE AND ACCEPT THE TERMS AND CONDITIONS AS SET THEREIN. THESE DOCUMENTS AS AMENDED FROM TIME TO TIME ARE AVAILABLE AT SCHOOL

RECEPTION: ADMISSIONS@STPETERSSCHOOL.CO.ZA

WHERE DISCOVERED THAT IMPORTANT RELEVANT INFORMATION HAS BEEN WITHHELD OR FABRICATED THE APPLICATION WILL BE RECONSIDERED.

NB BOTH PARENTS MUST SIGN AND INITIAL ALL PAGES.

AS PART OF THE APPLICATION PROCESS WE GIVE THE SCHOOL CONSENT TO COLLECT, STORE AND PROCESS CREDIT INFORMATION ABOUT MYSELF AND ANY THIRD PARTY OR DIVORCED OR SEPARATED PARENT RESPONSIBLE FOR THE PAYMENT OF ANY OR ALL AMOUNTS COMPRISED IN THE FEES.

SIGNATURE PARENT A		DATE:	
SIGNATURE PARENT B		DATE:	

SECTION E: ACCOUNT HOLDER

TITLE	PROFFESOR	DOCTOR	MR	MRS	REVEREND		RESIDENTIAL ADDRESS
NAME							
SURNAME							
ID NUMBER							
CELLPHONE							
WORK PHONE							CODE
HOME PHONE							POSTAL ADDRESS
EMAIL							
OCCUPATION							
EMPLOYER							
EMPLOYER'S ADDRESS							CODE
RELATIONSHIP							
MARITAL STATUS	MARRIED	WIDOWED	DIVORCED	IF DIVORCED, WHICH PARENT HAS CUSTODY?			
PARENTAL STATUS	LIVING WITH CHILD	CHILD'S LEGAL GUARDIAN	ACCESS TO CHILD	EMERGENCY ACCESS TO CHILD ONLY			

DETAILS OF CHILDREN IN YOUR CARE WHO ARE CURRENTLY AT THE SCHOOL

NAME		GRADE	JUNIOR (<3YR)	000 (3-4YR)	00	R	1	2	3	4	5	6	7
NAME		GRADE	JUNIOR (<3YR)	000 (3-4YR)	00	R	1	2	3	4	5	6	7
NAME		GRADE	JUNIOR (<3YR)	000 (3-4YR)	00	R	1	2	3	4	5	6	7

PAYMENT OPTION	ANNUALLY IN ADVANCE	TERMLY IN ADVANCE	MONTHLY DEBIT ORDER IN ADVANCE OVER 10 MONTHS (JANUARY – OCTOBER)	MONTHLY - EFT IN ADVANCE OVER 10 MONTHS (JANUARY – OCTOBER)
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SIGNATURE OF ACCOUNT HOLDER		DATE:	
SIGNATURE OF SECOND PARENT		DATE:	
SIGNATURE OF AUTHORISED SCHOOL REPRESENTATIVE		DATE:	

FOR ALL ACCOUNT QUERIES /STATEMENTS/PAYMENTS - PLEASE CONTACT MS G MSIMANGO VIA EMAIL ACCOUNTS@STPETERSSCHOOL.CO.ZA OR PHONE 0137411021

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SECTION F: DECLARATION OF PARENTS/ LEGAL GUARDIANS

WE THE UNDERSIGNED,

AND

HEREBY CERTIFY THAT THE INFORMATION GIVEN BY THE ACCOUNT HOLDER IS COMPLETE AND ACCURATE. WE ACCEPT JOINT AND SEVERAL LIABILITIES TO ST PETER'S SCHOOL MBOMBELA FOR THE DUE AND PUNCTUAL PAYMENT OF THE APPLICATION FEE, ONCE OFF NON-REFUNDABLE ENROLMENT FEE (R3000), SCHOOL FEES, AFTER CARE FEES AND ANY OTHER AMOUNTS WHICH MAY BECOME DUE AND PAYABLE TO THE SCHOOL IN RESPECT OF PARTICIPATION IN OR ATTENDANCE OF ANY ACTIVITY.

WE ACCEPT THE FINANCIAL TERMS AND CONDITIONS OF ST PETER'S SCHOOL. **NB THE SIGNATURES OF THE ACCOUNT HOLDER AND THAT OF THE 2ND PARENT ARE REQUIRED.**

SIGNATURE OF FIRST PARENT		DATE:	
SIGNATURE OF SECOND PARENT		DATE:	
SIGNATURE OF AUTHORISED SCHOOL REPRESENTATIVE		DATE:	

SECTION G: EMERGENCY CONTACT - NOT PARENT/GUARDIAN PARTICULARS

NAME																				
SURNAME																				
RELATIONSHIP																				
CELLPHONE																				
WORK PHONE																				
EMAIL																				

SECTION H: FINANCIAL TERMS AND CONDITIONS

1. ACCEPTANCE OF LIABILITY

THE PERSON RESPONSIBLE FOR THE ACCOUNT (HEREAFTER THE ACCOUNT HOLDER) AS SET OUT IN THE STANDARD APPLICATION FOR ADMISSION (HEREAFTER THE APPLICATION) HEREWITH ASSUMES LIABILITY FOR THE ACCOUNT, AND ALTERNATIVELY BINDS HIM/HERSELF AS CO-DEBTOR AND SURETY FOR PAYMENT OF ALL FEES TO THE SCHOOL, ST PETER'S SCHOOL MBOMBELA (HEREAFTER ST PETER'S SCHOOL). THE LEGAL GUARDIAN AS DESCRIBED IN THE APPLICATION BINDS HIM/HERSELF AS CO-DEBTOR AND SURETY FOR PAYMENT OF ALL FEES AND PAYMENTS THAT MAY ARISE FROM THIS AGREEMENT.

2. TERMS OF PAYMENT

IT IS RECORDED THAT FEES ARE DETERMINED AT THE BEGINNING OF THE YEAR AND THAT THE ACCOUNT HOLDER IS INFORMED OF SUCH IN WRITING. THE ACCOUNT HOLDER SHALL IMMEDIATELY INFORM THE ST PETER'S SCHOOL IF HE/SHE IS NOT PROVIDED AN INVOICE/STATEMENT/ACCOUNT AT THE START OF THE ACADEMIC YEAR AND EACH AND EVERY TERM. SCHOOL FEES ARE PAYABLE IN ADVANCE. FEES MAY BE PAID ANNUALLY, TERMLY OR MONTHLY OVER 10 MONTHS, EITHER WITH A DEBIT ORDER OR EFT. PAYMENT OF SCHOOL FEES IS NOT SUBJECT TO PRESENTATION OF A STATEMENT. PAYMENTS ARE MADE ACCORDING TO THE APPLICABLE FEE STRUCTURE OF THE SCHOOL. IN THE EVENT WHERE AN EXISTING ACCOUNT IS/HAS NOT BEEN MANAGED IN THE PROPER MANNER NO FURTHER APPLICATIONS WILL BE CONSIDERED. PERSON RESPONSIBLE FOR THE ACCOUNT (HEREAFTER THE ACCOUNT HOLDER) AS SET OUT IN THE STANDARD APPLICATION FOR ADMISSION (HEREAFTER THE APPLICATION) HEREWITH ASSUMES LIABILITY FOR THE ACCOUNT, AND ALTERNATIVELY BINDS HIM/HERSELF AS CO-DEBTOR AND SURETY FOR PAYMENT OF ALL FEES TO THE SCHOOL, ST PETER'S SCHOOL. THE LEGAL GUARDIAN AS DESCRIBED IN THE APPLICATION BINDS HIM/HERSELF AS CO-DEBTOR AND SURETY FOR PAYMENT OF ALL FEES AND PAYMENTS THAT MAY ARISE FROM THIS AGREEMENT.

3. BREACH OF CONTRACT

IN THE EVENT WHERE THE UNDERSIGNED SURETY, ACCOUNT HOLDER OR LEGAL GUARDIAN COMMITS A BREACH OF CONTRACT OF ANY TERMS OF THIS AGREEMENT, THE SCHOOL MAY AT ITS SOLE DISCRETION REFUSE THE CHILD ENTRY TO THE SCHOOL UNTIL THE BREACH HAS BEEN REMEDIED (A ONCE ONLY ACKNOWLEDGMENT OF DEBT AND ALTERNATIVE PAYMENT PLAN MAY BE APPLIED FOR): OR CLAIM DAMAGES FROM THE ACCOUNT HOLDER AND OR SURETY AND LEGAL GUARDIAN: OR TAKE WHATEVER LEGAL STEPS MAY BE NECESSARY.

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4. GENERAL

THIS AGREEMENT CONSTITUTES THE WHOLE AGREEMENT BETWEEN THE PARTIES RELATING TO THE SUBJECT MATTER HEREOF. NO AMENDMENT OR CONSENSUAL CANCELLATION OF THIS AGREEMENT OR ANY PROVISION OR TERM THEREOF OR OF ANY AGREEMENT, BILL OF EXCHANGE OR OTHER DOCUMENT ISSUED OR EXECUTED PURSUANT TO OR IN TERMS OF THE AGREEMENT AND NO SETTLEMENT OF ANY DISPUTES ARISING UNDER THIS AGREEMENT AND NO EXTENSION OF TIME, WAIVER OR RELAXATION OR SUSPENSION OF ANY OF THE PROVISIONS OR TERMS OF THIS AGREEMENT OR OF ANY AGREEMENT, WILL BE BINDING UNLESS RECORDED IN A WRITTEN DOCUMENT SIGNED BY BOTH PARTIES. ANY SUCH EXTENSION, WAIVER OR RELAXATION OR SUSPENSION, WHICH SO IS GIVEN, SHALL BE STRICTLY CONSTRUED AS RELATING STRICTLY TO THE MATTER WHEREOF IT WAS GIVEN.

5. JURISDICTION

THIS AGREEMENT IS SUBJECT TO SOUTH AFRICAN LAW.

6. CREDIT INFORMATION

THE ACCOUNT HOLDER, SURETY OR LEGAL GUARDIAN HEREBY CONSENTS TO THE DISCLOSURE AND EXCHANGE OF PERSONAL FINANCIAL INFORMATION TO A CREDIT BUREAU OR FINANCIAL INSTITUTION IN ACCORDANCE WITH THE NATIONAL CREDIT ACT.

7. DOMICILIUM

THE PARTIES CHOOSE AS THEIR DOMICILLIA CITANDI ET EXECUTANDI THE ADDRESSES SET OUT IN THE APPLICATION.

8. LEGAL FEES

IN THE EVENT WHERE THE SCHOOL TAKES LEGAL ACTION AGAINST THE ACCOUNT HOLDER, HE/SHE WILL BE LIABLE FOR ALL LEGAL FEES, COLLECTION COSTS AND COMMISSION, INTEREST AND TRACING FEES.

9. CANCELLATION

THE ACCOUNT HOLDER UNDERTAKES TO GIVE AN ACADEMIC SCHOOL TERM'S NOTICE, AT LEAST 60 (SIXTY) CALENDAR DAYS, WRITTEN NOTICE OF TERMINATION OF THE ENROLMENT OF THE CHILD, FAILING WHICH THE LIABILITY BE INCURRED FOR THE FULL AMOUNT OF THE FOLLOWING TERM'S FEES. THE SCHOOL SHALL BE ENTITLED TO TERMINATE THE ENROLMENT OF THE LEANER UNDER THE FOLLOWING CIRCUMSTANCES: SUMMARILY, AND WITH IMMEDIATE EFFECT IF THE CHILD IS GUILTY OF AN OFFENCE, WHICH IN THE SOLE DISCRETION OF THE SCHOOL RENDERS HIS/HER CONTINUED ENROLMENT AT THE SCHOOL IMPOSSIBLE, IN WHICH THE ACCOUNT HOLDER, AFTER DEDUCTIONS OF ALL AMOUNTS OTHERWISE OWING TO THE SCHOOL WILL BE REFUNDED A PRO-RATA PROPORTION OF ANY FEES ALREADY PAID IN ADVANCE IN RESPECT OF SUCH CHILD. THIS AGREEMENT IS SUBJECT TO SOUTH AFRICAN LAW.

SIGNATURE OF ACCOUNT HOLDER

DATE:

SIGNATURE OF SECOND PARENT

DATE:

SECTION I: GENERAL INDEMNITY

A. THE SCHOOL UNDERTAKES TO IMPLEMENT REASONABLE AND GENERALLY ACCEPTABLE MEASURES IN REGARD TO THE SAFETY AND WELL BEING OF ALL CHILDREN, TEACHERS, WORKERS, PARENTS AND VISITORS TO THE SCHOOL.

B. DUE TO THE NATURE OF THE MATTER THE SCHOOL DOES NOT ACCEPT ANY RESPONSIBILITY FOR ACCIDENTS THAT MAY TAKE PLACE IN THE CLASS, ON THE SPORTS FIELDS OR ON THE SCHOOL TERRAIN.

C. EACH PARENT IS THEREFORE REQUESTED TO COMPLETE THIS FORM AS PROOF THAT YOU ACCEPT THE POSITION OF THE SCHOOL AS SET OUT ABOVE AS WELL AS THE RISKS INVOLVED THEREWITH.

D. I, _____ BEING THE PARENT OF _____, HEREIN IDEMNIFY THE SCHOOL FOR ANY LOSSES OR DAMAGES IN GENERAL, HOWEVER THEY MAY OCCUR, THAT I AS A PARENT/LEGAL GUARDIAN OF THE ABOVE MAY SUFFER AS A RESULT OF ANY OCCURANCE WHEREBY THE CHILD MAY BE INVOLVED, WHETHER AS THE CAUSING OR SUFFERING PARTY, WHILST PARTICIPATING IN ANY SCHOOL ACTIVITY, EXECPT IF IS SUCH A LOSS OR DAMAGE ARISES FROM AS A CONSEQUENCE OF GROSS NEGLIGENCE OR WILFUL MISCONDUCT OF THE SCHOOL OR ANY PERSON ACTING FOR OR CONTROLLED BY THE SCHOOL.

E. IN PARTICULAR, I AUTHORISE THAT THE AFORESAID CHILD MAY BE INVOLVED IN ALL EXCURSIONS UNDERTAKEN BY HIS/HER GROUP OR CLASS DURING SCHOOL DAYS AS PART OF HIS/HER SCHOOLING EXPERIENCE. I AGREE THAT HE/SHE MAY UTILISE THE TRANSPORT ARRANGED BY THE SCHOOL.

SIGNED AT

ON THIS

DAY OF

20

SIGNATURE OF PARENT/LEGAL GUARDIAN

AS WITNESSES

1.

2.

Board of Governors: Mr HF Sekele (Chairman), Mr PF Ntake (Deputy Chair), Mr ME Jele (Treasurer), Sr Thandi Moyo, Mrs EM Mkhabela, Ms M Mbugua, Ms B Sellers (secretary), Mr RS Zulu (Deputy Secretary), Ms P Ngomane, Ms C Mapaila, Ms T Ncube, Mrs J Bennett, Ms G Msimango, Mrs J Bowen (Principal), Ms T Ndhlalambi



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SECTION J: PERMISSION TO USE PHOTOGRAPHS

I UNDERSTAND AND ACKNOWLEDGE THAT FROM TIME TO TIME INFORMAL PHOTOGRAPHS ARE TAKEN OF CHILDREN AND THAT INSOFAR AS THESE PHOTOGRAPHS ARE PLACED IN POSSESSION OR CONTROL OF THE SCHOOL THESE PHOTOGRAPHS MIGHT BE USED BY THE SCHOOL IN THE ELECTRONIC AND OR PRINTED MEDIA INCLUDING THE SCHOOL NEWSLETTER, WEBSITE, ADVERTISEMENTS, BROCHURES, FLYERS, BILLBOARDS, VEHICLES AND SUCH SOLELY FOR THE MARKETING OF THE SCHOOL.

SIGNATURE OF PARENT/LEGAL GUARDIAN _____

SECTION K: MARKETING

WHERE DID YOU HEAR ABOUT ST PETER'S SCHOOL?	WORD OF MOUTH	PARENT	TEACHER	WEBSITE	MAGAZINE	NEWSPAPER	OTHER
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SECTION L: FEEDBACK

HOW SATISFIED WERE YOU WITH THE ADMISSION PROCESS?	UNHAPPY	FAIRLY HAPPY	VERY HAPPY	EXTREMELY HAPPY
HOW SATISFIED WERE YOU WITH THE ADMISSION INFORMATION?	UNHAPPY	FAIRLY HAPPY	VERY HAPPY	EXTREMELY HAPPY

SECTION M: NOTES

DATE	TIME	DETAILS

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