



XANADU PRIVATE SCHOOL

012 000 9250 | info@xanaduschool.co.za | www.xanaduschool.co.za

PRINT CLEARLY IN BLOCK LETTERS, USING A BLACK PEN

**PLEASE COMPLETE
BELOW FIELD!!**

The following documents **MUST** accompany the application:

- * Copy of applicants birth certificate
- * Copy of both parents ID documents
- * Copy of applicants vaccination card
- * Copy of applicants latest yearend report
- * Copy of applicant latest term report
- * Financial Clearance - to be completed by current school

School applying for: _____

Date of entry: _____

Year: _____

Grade: _____

Age upon entry: _____

Personal details of prospective pupil:

First name: _____

Surname: _____

Place of Birth: _____

Date of birth: _____

Home language: _____

Male or Female: _____ Nationality: _____

Religion: _____

Present School: _____

ID number: _____

Siblings at the school: Yes/No

1. _____
2. _____
3. _____
4. _____

Where did you hear about Xanadu Private School? _____

Personal Details of Father/Mother/Guardian(s):

Father:

Name:	
Surname:	
ID number:	
Work number:	
Home number:	
Cell number:	
Email address:	

Name:	
Surname:	
ID number:	
Work number:	
Home number:	
Cell number:	
Email address:	



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Personal Details of Father/Mother/Guardian(s) (continued):			
Home address:		Home address:	
Work address:		Work address:	
Postal address:		Postal address:	
Occupation:		Occupation:	
Company Name:		Company Name:	
Send correspondence to: <u>Email/Post</u>		Send correspondence to: <u>Email/Post</u>	
Parents marital status: Mark with ✓		With who does the applicant live? Mark with ✓	
Married:		Mother:	
Divorced:		Father:	
Widowed:		Both:	
Single:		Guardian(s):	(Please specify)
Person(s) to be responsible for paying school fees and supplemental costs:			
Father's details:		Mother's details:	
Name:		Name:	
Surname:		Surname:	
ID number:		ID number:	
Nationality:		Nationality:	
Bank:		Bank:	
Bank Account nr:		Bank Account nr:	
Signed:		Signed:	
Date:		Date:	



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Banking details for application fees/registration fees/school fees:

Bank name:	ABSA Bank
Branch number:	632005
Account name:	Doxa Deo Educational Trust
Account number:	40-9868-6745

Please take careful note of payment and cancelation terms and conditions
Debit order dates in advance on or before the 1st of each month X 11
Internet payments in advance on or before the 1st of each month X 11
Please complete a debit order form and personally hand it in to the ad

ROOTED IN FAITH