



**Please tick which school you applying for**

- Royal Schools Alberton** - Cnr. JG Strijdom & Kliprivier, Albertsdal  
Tel: 011 100 5840 | email: admin@royalschoolalberton.co.za
- Royal Schools Princess Park** - 614 Pretorius Str, Arcadia  
Tel: 012 324 1069 | email: amelia@princessparkcollege.co.za
- Royal Schools Queens Private** - 310 WF Nkomo Str, Pretoria West  
Tel: 012 327 6714 | email: admin@queensprivateschool.co.za
- Royal Schools Sky City** - Cnr. Lemon Shark & Kingfish, Watervalspruit  
Tel: 076 341 5013 | email: info@royalschools.co.za

**APPLICATION FOR ADMISSION**

Grade:    
Year:  2  0

**DOCUMENTS / INFORMATION REQUIRED**

Transfer document once available	<input type="checkbox"/>	Proof of household income	<input type="checkbox"/>	Two recent colour photos of learner (ID size)
Copy of learner's final progress report once available	<input type="checkbox"/>	Proof of registration fee payment	<input type="checkbox"/>	
Copy of learner's latest progress report	<input type="checkbox"/>	Completed debit order form (if applicable)	<input type="checkbox"/>	
Copy of birth certificate / ID document	<input type="checkbox"/>	Subject choice form (FET Phase: Gr 10-12)	<input type="checkbox"/>	
Copy of learner's vaccination records (if available)	<input type="checkbox"/>	Sections 1-14 completed and signed	<input type="checkbox"/>	
Copy of learner's residence / study permit (if foreign)	<input type="checkbox"/>	Aftercare application (if applicable)	<input type="checkbox"/>	
Copy of parent's / legal guardian's ID document	<input type="checkbox"/>	Other	<input type="checkbox"/>	

**A.) LEARNER'S DETAIL**

Admin number (office use)	<input type="text"/>	Grade and class	(applied for) <input type="text"/>
Surname	<input type="text"/>	Home language	<input type="text"/>
First names (in full)	<input type="text"/>	Religion	<input type="text"/>
Name to be called	<input type="text"/>	Country of birth (if not SA)	<input type="text"/>
ID/Passport No.	<input type="text"/>	Ethnic group	<input type="text"/>
Student cell No.	<input type="text"/>	Signature - Father	<input type="text"/>
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>	Signature - Mother	<input type="text"/>

Means of transport to/from school: Motor vehicle  Bus  Taxi  Bicycle  Walk

**B.) LEARNER'S EDUCATIONAL DETAIL**

Current school:  Previous school:   
 Telephone no: (current school)  Telephone no: (previous school)   
 Last grade passed:  Year:  Grade/s repeated: (if any)   
 Has admission to any other school/s ever been refused? If yes, please state reason.   
 Have you as parent/guardian been called to school for discipline issues? If yes, please state reason

**C.) FAMILY DETAIL**

<b>Father / Guardian</b>	Surname	<input type="text"/>	Title	<input type="text"/>	Initials	<input type="text"/>
	First names	<input type="text"/>	ID/Passport number	<input type="text"/>		
	Postal address	<input type="text"/>	Home address	<input type="text"/>		
		Postal code	<input type="text"/>		Postal code	<input type="text"/>
	Employer	<input type="text"/>	Phone: Home	<input type="text"/>		
	Occupation	<input type="text"/>	Work	<input type="text"/>		
<b>Mother / Guardian</b>	Work address	<input type="text"/>	Cell	<input type="text"/>		
		Postal code	<input type="text"/>	Email address	<input type="text"/>	
	Surname	<input type="text"/>	Relation to learner	<input type="text"/>		
	First names	<input type="text"/>	Title	<input type="text"/>	Initials	<input type="text"/>
	Postal address	<input type="text"/>	ID/Passport number	<input type="text"/>		
		Postal code	<input type="text"/>	Home address	<input type="text"/>	
Employer	<input type="text"/>	Phone: Home	<input type="text"/>			
Occupation	<input type="text"/>	Work	<input type="text"/>			
Work address	<input type="text"/>	Cell	<input type="text"/>			
	Postal code	<input type="text"/>	Email address	<input type="text"/>		
			Relation to learner	<input type="text"/>		

**D.) PERSON RESPONSIBLE FOR ACCOUNT**

Surname	_____	ID/Passport number	_____
First names	_____	Title	Initials <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Postal address	_____ _____ _____	Home address	_____ _____ _____
Work address	_____ _____ _____	Phone: Home	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
		Work	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
		Cell	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
		Email address	_____

**E.) LEARNER MEDICAL INFORMATION**

**LEARNER'S DETAIL**

Medical aid:	_____
Medical aid number:	_____
Main member's name:	_____
Main member's ID no:	_____
Main Membership Postal address:	_____ _____ _____
	Postal code <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Main member's Work number:	_____
Main member's Cell number:	_____

**HAS THE LEARNER EVER HAD ANY OF THE FOLLOWING DISEASES?**

German measles	<input type="checkbox"/>	Mumps	<input type="checkbox"/>
Measles	<input type="checkbox"/>	Diphtheria	<input type="checkbox"/>
Chicken pox	<input type="checkbox"/>		

**HAS THE LEARNER EVER BEEN TREATED FOR THE FOLLOWING?**

TB	<input type="checkbox"/>	Ulcer	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	Migraine	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	Tonsils	<input type="checkbox"/>
Epilepsy	<input type="checkbox"/>	Heart disease	<input type="checkbox"/>

**IS THE LEARNER ON ANY CHRONIC MEDICATION? PLEASE SPECIFY.**


**DOES THE LEARNER HAVE ANY ALLERGIES? PLEASE SPECIFY.**


**HAS THE LEARNER EVER HAD ANY OPERATIONS? PLEASE SPECIFY.**


**PLEASE SUBMIT A COPY OF YOUR MEDICAL AID CARD (FRONT AND BACK)**

**F.) DETAILS OF ANY OTHER CONTACT IN THE CASE OF AN EMERGENCY**

Surname: _____	Full names: _____	
Relation to learner: _____		
Tel (h): _____	Tel (w): _____	Cell: _____
Email address (please write legibly): _____		

Signature \_\_\_\_\_  
Main Member

DATE

**G.) BROTHERS AND SISTERS**

Name	Date of Birth	Age	Grade	Name of School or Institution
1				
2				
3				

**H.) MARITAL STATUS OF PARENTS**

Married       Divorced       Married but live apart       If Divorced - Children in custody of  
 Widow       Widower       Mother       Father       or Both

**I.) AGREEMENT BETWEEN ROYAL SCHOOLS AND THE UNDERSIGNED****Declaration and Undertaking**

I declare that the particulars furnished on this form are true and correct, and I undertake to comply with the rules, regulations and decisions of the school, and any amendments thereto, which may be applicable to students and parents in general. I declare that I have perused the applicable school rules and policies and understand the contents thereof and accept it as binding on myself and the learner concerned.

**School Fees**

I have read, understood and accept the financial policy of the school. I accept full responsibility for all amounts due to the school and I agree to pay the school fees strictly according to due dates, failing which the account will be handed over to debt collectors (90 days overdue).

The Registration fee is non-refundable.

**Photos**

I hereby grant permission for my child to be photographed participating in class projects and events and for the photographs to be included on the school's website, Facebook and other electronic and social media.

**Indemnity**

I hereby give permission that he/she may attend any excursion organised by the school with the permission of the principal. I understand that he/she will sometimes have to travel by bus or taxi to different venues of educational value. These trips will have to be paid for when organised. The school will use the best transport available at the lowest cost. I accept that the school will take the necessary precautions to ensure the safety of my child. I will however, not hold the school responsible in case of an accident, loss of limb or life, or any other damages to her/his person or property. I also understand that this arrangement is necessary because it is sometimes difficult to get hold of parents to sign a letter of consent before a trip can take place. In such instances the child is unfairly prevented from attending a trip.

**Royal Schools Values**

I undertake to uphold the values of Royal Schools whenever I am involved in school related functions or activities. I will also be available to attend parents' meetings and functions to support the education of my child. I will respond timeously to letters, e-mails, SMS's and calls made by the school.

**Royal Schools hereby undertakes to offer quality teaching and other services of a high standard to the best of our ability.**

\_\_\_\_\_ Signature      \_\_\_\_\_ Signature      \_\_\_\_\_  
 Father / Legal Guardian      Mother / Legal Guardian      o.b.o. Royal Schools  
 DATE      DATE      DATE

**Please note that registration is only confirmed when the application has been authorised by the principal. The applicant will receive a letter if they have not been accepted for final admission to Royal Schools.**

**OFFICE USE**ACCEPTED ACCEPTED 

REMARKS

STUDENT NUMBER GRADE & CLASS YEARS IN GRADE ABOVE 

AUTHORISED BY

  
 Signature
DATE:  /  / 20

AMOUNT PAID

R Receipt Number



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# Credit Check

Date: \_\_\_\_\_

**PERSON RESPONSIBLE FOR ACCOUNT:**

**LEARNER INFO:**

Surname	_____	Surname	_____
First names	_____	First names	_____
(in full)	_____	Gender	_____
ID/Passport No.	_____	Grade and class	_____

Please supply us with the following information. This information will be handled confidentially, and will only be used for Royal Schools reference.

Please make sure this information reaches the school by either attaching it to this document, sending it electronically, faxing it to the school or sending it by post. The information must be clearly marked to be able to be identified by the school. The application cannot be processed without this information.

The following information will be: Attached  Mailed  Faxed  Posted

1. Salary advice (latest)
2. 1 x month bank statements (latest)
3. 1 x credit reference (provide copy of latest statement) eg. Edgars, motorcar, credit card
4. Water and lights account (latest)

5. Workplace \_\_\_\_\_  
Work tel no: \_\_\_\_\_ E-mail address: \_\_\_\_\_

6. Are you a home owner? Yes  No  Physical address of your home: \_\_\_\_\_  
7. Do you live in your own home? Yes  No  \_\_\_\_\_  
8. If not, do you rent a living space? Yes  No  \_\_\_\_\_  
House  Flat  Security estate  Other

9. Physical address of where you live \_\_\_\_\_  
\_\_\_\_\_

10. How long have you lived at this address? \_\_\_\_\_ if shorter than 6 months give previous address  
\_\_\_\_\_  
\_\_\_\_\_

11. If renting a living space, give contact details of owner.  
Name and Surname: \_\_\_\_\_  
Address: \_\_\_\_\_  
Contact no: \_\_\_\_\_

12. Are you insolvent or have you ever been insolvent? Yes  No   
13. Have you ever been blacklisted? Yes  No

**MONTHLY HOUSEHOLD INCOME BEFORE TAX**

Less than R50 000	R50 001 R100 000	R100 001 R150 000	R150 001 R200 000	R200 001 R250 000	R250 001 R300 000	R300 001 R350 000	R350 001 R400 000	R400 001 R423 000	R423 001 R500 000	More than R500 000

**Office use:**

Full credit check done by: \_\_\_\_\_ Date: 

D	D	M	M	Y	Y	Y	Y
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