



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: 20

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

Father / Guardian	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"/>		
Mother / Guardian	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="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Postal address	_____ _____ _____	Home address	_____ _____ _____
Work address	_____ _____ _____	Phone: Home	_____ Postal code <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
		Work	_____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
		Cell	_____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
		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="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
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 USEACCEPTED ACCEPTED

REMARKS

STUDENT NUMBER GRADE & CLASS YEARS IN GRADE ABOVE

AUTHORISED BY

 Signature
DATE: / / 20

AMOUNT PAID

R Receipt Number



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Tel: 076 341 5013 | email: info@royalschools.co.za

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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