



**Please indicate which school you are applying for**

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

**APPLICATION FOR ADMISSION**

Grade:

Year:

**DOCUMENTS / INFORMATION REQUIRED**

Transfer document (once available)		Proof of household income		Two recent colour photos of learner (ID size)
Copy of learner's final progress report (once available)		Proof of registration fee payment (non-refundable)		
Copy of learner's latest progress report		Completed debit order form (if applicable)		
Copy of birth certificate / ID document		Subject choice form (FET Phase: Gr 10-12)		
Copy of learner's vaccination records (if available)		Completed credit check form		
Copy of learner's residence / study permit (if foreign)		Aftercare application (if applicable)		
Copy of parent's / legal guardian's ID document		Proof of residence		

**A.) LEARNER'S DETAILS**

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

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

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

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 DETAILS**

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

**D.) PERSON RESPONSIBLE FOR ACCOUNT**

Surname	_____	ID/Passport number	_____
First names	_____	Title	_____
Postal address	_____	Home address	_____
	_____		_____
	Postal code		_____
Employer	_____	Phone: Home	_____
Occupation	_____	Work	_____
Work address	_____	Cell	_____
	Postal code	Email address	_____

**E.) LEARNER MEDICAL INFORMATION**

**LEARNER'S DETAILS**

Medical aid:	_____
Medical aid number:	_____
Main member name:	_____
Main member ID no:	_____
Main member postal address:	_____
	_____
	Postal code
	_____
Main member work number:	_____
Main member 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 of Medical Aid

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/Seperated  Married but live apart  If Divorced/Seperated - Children in custody of  
 Widow  Widower  Single  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 and that I will be liable for the collection commission of 20%. I acknowledge that the registration fee is non-refundable. No learner with an outstanding balance for the previous year will be re-registered unless the outstanding balance is paid in full. The school also reserves the right to charge interest on all overdue accounts at a rate of 2% per month.

**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 my permission that he/she may attend any excursion organised by the school with the permission of the principal. I understand that he/she will have to travel by bus or taxi to different venues of educational value. I confirm that I will pay for the trips my child attend when organised. I accept that the school will take the necessary precautions to ensure the safety of my child. I will however, not hold the school liable in the case of an accident, loss of limb or life, or any other damages to her/his person or property.

**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.**

Thus signed on this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

\_\_\_\_\_  
Father / Legal Guardian

\_\_\_\_\_  
Mother / Legal Guardian

\_\_\_\_\_  
o.b.o. Royal Schools

**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.**

**J.) MARKETING SOURCE**

Please indicate where you heard about our school

Facebook  Google  Website  Flyers  Signage boards  Word of mouth

**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, 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  E-mailed  Posted

1. Salary advice (latest)
2. 1 x month bank statements (latest)
3. 1 x credit reference (provide copy of latest statement) Edgars, motorcar, credit card etc
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 R90 000	R90 001 R190 000	R190 001 R290 000	R290 001 R390 000	R390 001 R490 000	R490 001 R590 000	More than R590 000

**Office use:**

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

D	D	M	M	Y	Y	Y	Y
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