

Please	indicate	which	school	vou are	applying	for

								•			•	_	
٦	Ī	Royal So	choo	ols Al	berto	on - (Cnr.	JG Stri	jdom a	& K	lipri	ivier, A	Albertsda
J	ı	Royal So	100	5840	er	nail:	regi	stration	is@roy	yals	choc	ols.co.	za

| Royal Schools Princess Park - 614 Pretorius Str, Arcadia | Tel: 012 324 1069 | email: registrations@royalschools.co.za

П	Koya	all	20	cnoc)IS	Qu	eens r	rivai	e	31U V	V F I	NΚ	on	no s	οιτ,	PT	etoria	we
l	Tel:	01	2	327	67	714	eens r ema	il: re	gistı	ration	s@i	roy	/al	sch	ool	s.c	o.za	
															_			

Royal Schools Sky City - Cnr. Lemon Shark & Kingfish, Watervalspruit Tel: 076 341 5013 | email: registrations@royalschools.co.za

APPLICATION	FOR
ADMISSIO	N

Grade:		
Year:		

DC	CUMENTS / INFO	RMATION REQUIRED								
Сору	of birth certificate/	D document	3X months proof of household income/salary advice							
Сору	of study permit/asy	lum permit/refugee permit (if foreign)	Water and lights account (latest) or proof of residence							
Сору	of learner's latest p	rogress report	3X months bank statem	nent						
Сору	of learner's final pro	ogress report (once available)	Proof of registration fee	e payment						
Trans	sfer document (once	available)	Completed debit order	form						
		tion record (Pre-primary and	1X credit reference (pro							
	dation phase learner	•	statement eg. Motor ve							
		hool fee clearance certificate		cos of the learner (ID size)						
	LEARNER'S DETAI	uardian's ID document	Completed and signed a	aftercare form (if applicable)	\prec					
A.)				4						
	Admin number			(applied for)	_					
	Surname		_ Home language		_					
	First names		Religion	(if not SA)	_					
	(in full) Jame to be called		Country of birth Ethnic group	(II NOT SA)	_					
'1					_					
	Learner cell no.		Signature - Father		_					
	Gender	Male Female	Signature - Mother							
Mea	ns of transport to,	/from school: Motor vehicle	Bus Ta	xi Walk						
В.)	LEARNER'S EDUC	ATIONAL DETAILS								
Curr	ent school:	Previ	ous school:							
			phone no: (previous school)							
		Year:		peated: (if any)						
Hac	admission to any o	other school/s ever been refused? If yes, p	oleace state reason							
1103	adimission to any c	the sensolys even seem relused. If yes, p								
Have	e you as parent/gu	ardian been called to school for discipline	issues? If yes, please state	reason						
\					_ ,					
C.)	FAMILY DETAILS									
	Surname		Title	Initials						
an	First names		ID/Passport number							
rdi	Postal address		Home address							
na										
9/		Postal sada		Postal sada						
		Postal code	Dhana Hama	Postal code						
e	Employer	Postal code	Phone: Home	Postal code						
the	Occupation		Work	Postal code						
Father / Guardian			Work Cell	Postal code						
Father	Occupation		Work Cell Email address	Postal code						
Father	Occupation Work address		Work Cell	Postal code Initials						
	Occupation Work address Surname		Work Cell Email address Relation to learner							
	Occupation Work address		Work Cell Email address Relation to learner Title							
	Occupation Work address Surname First names	Postal code	Work Cell Email address Relation to learner Title ID/Passport number	Initials						
	Occupation Work address Surname First names		Work Cell Email address Relation to learner Title ID/Passport number Home address							
	Occupation Work address Surname First names	Postal code	Work Cell Email address Relation to learner Title ID/Passport number Home address Phone: Home	Initials						
	Occupation Work address Surname First names Postal address	Postal code	Work Cell Email address Relation to learner Title ID/Passport number Home address Phone: Home Work	Initials						
Mother / Guardian Father	Occupation Work address Surname First names Postal address Employer	Postal code	Work Cell Email address Relation to learner Title ID/Passport number Home address Phone: Home Work Cell	Initials						
	Occupation Work address Surname First names Postal address Employer Occupation	Postal code	Work Cell Email address Relation to learner Title ID/Passport number Home address Phone: Home Work	Initials						

D.) PERSON RESPONSI	BLE FO	R ACCOUNT									
Please note that parent	s will b	e held jointly and severally	y liable	for the account even if the a	ccount i	s paid b	y a thi	rd pa	rty / I	ours	sar.
Surname				ID/Passport number							
First names							In	itials	Ш		
Postal address				Home address							
-				_	_		Posta	l cod	е		
Work address				Phone: Home				П			
-				Work							_
-				Cell							
				Email address							
E.) LEARNER MEDICAL											
Med Medical aid r	lical aid										
Main membe											
Main membe											
Main member postal a	address	5:									
							Posta	code	9		
Main member email a				Main manshar	numb ==						
Main member cell r	number	r:		Main member work	number	:					
Signature:	Membe	er of Medical Aid		Date:							
				LIAC THE LEADNED EV	D DEEN	TDEATE	D FOR 3		2110	A/IB	163
HAS THE LEARNER EVER H	IAD AN	Y OF THE FOLLOWING DISE	ASES?	HAS THE LEARNER EV		IKEAIE	D FOR	HE F	Ulce		16:
German measles		Mumps		TB				N 4:-			
Measles		 Diphtheria		Asthma					grain		=
Chicken pox		COVID -19		Diabetes					onsil		$\underline{\sqsubseteq}$
				Epilepsy			не	art d	iseas	е	
IS THE LEARNER ON A	NY CHE	RONIC MEDICATION? PLE	ASE SP	ECIFY							
DOES THE LEADNED H	Λ\/E Λ Ν	NY ALLERGIES? PLEASE SP	DECIEV								
DOES THE LEAKNER HA	AVE AIN	NY ALLERGIES! PLEASE SP	ECIFY								
HAS THE LEARNER EVE	R HAD	ANY OPERATIONS? PLEA	ASE SPI	ECIFY							
											_
EASE SUBMIT A COPY C	F YOU	R MEDICAL AID CARD (F	RONT A	AND BACK)							
				ERGENCY (OTHER THAN IN S	ECTION	C AND	D)				
				Full names:							
Relation to learner:											
Tel (h):		То	el (w):_		(Cell:					
Email address (please wri	ite legib	луу									
											-

Initials

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 Widow Widower	Married b	out live apart Single	\equiv	vivorced/Separated - Children in custody of other Father or Both					
I.) AGREEMENT BETWEEN ROYAL SCH	OOLS AND THE UND	ERSIGNED							
Declaration and Undertaking I declare that the particulars furnished on this form a	re true and correct, and I und ents in general. I declare that	ertake to comply w		ons and decisions of the school, and any amendments les and policies and understand the contents thereof and					
debt collectors and that I will be liable for the collecti balance is paid in full. The school also reserves the rig the right to deny learners access to aftercare, transpo	to the school and I agree to possible to commission. No learner what to charge interest on all ort, trips and outings and school in arrears with the monthly da-bility, academic and disciplanuary school fees to reserve	pay the school fees ith an outstanding l verdue accounts at pol functions. Schoo v payment, the tota linary record and in e a space for the fol	strictly according to obalance for the previous a rate of 1% per monto a recessive per service for the year will toes for the year will toomplete application llowing academic yea	due dates, failing which the account will be handed over to bus year will be re-registered unless the outstanding th. Should school fees be in arrears, the school reserves nually in advance, but can be paid in monthly installments I immediately become payable. The school reserves the I. Payment by debit order is compulsory. The school r. I hereby grant permission for my child to be					
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 toher/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 and calls made by the school. I undertake to keep all personal contact details updated at all times.									
child's personal information. By completing this appli the child's personal information for the purposes of p current/previous school in order to process this appli documentation, including verification of credit rating are committed to use all personal information in acco	cation form and submission or processing this application for cation; Royal Schools may press. Royal Schools is dedicated ordance with POPIA. Royal Sci s. Should this application not	of the necessary sup admission to Roya oceed with enquire to protecting the po hools will only proc be successful or with	pporting documents y I Schools; Royals Scho s that are necessary t rivacy of all whose pe ess personal informa thdrawn, all informat	ersonal information we hold in our possession. Royal Schools tion as per POPIA guidelines, and confirm that we will not sell ion included in this application will be destroyed as per POPIA					
Thus signed on this	day of	20	0						
Father / Legal Guardian	Moth	ner / Legal Guar	dian	o.b.o. Royal Schools					
Please note that registration is o	only confirmed wh	en the appl	ication has b	een authorised by the principal.					
J.) MARKETING SOURCE									
Please indicate where you heard abou	t our school								
Facebook Open Days	Google	Flyers	Schoo	ol Signage Info Boards					
OFFICE USE				AUTHORISED BY					
		NT NUMBER							
ACCEPTED		ADE & CLASS		Signature					
REJECTED	YEARS IN GI	KADE ABOVE							
REMARKS				DATE: / / 20					
				AMOUNT PAID					
				R					
				Receipt Number					
			Initials						

Royal Schools	Royal Schools Alber Tel: 011 100 5840 6 6 6 6 6 6 6 6 6	n school you are applying for ton - Cnr. JG Strijdom & Kliprivier, email: registrations@royalschools.co ess Park - 614 Pretorius Str, Arcadia email: registrations@royalschools.co ess Private - 310 WF Nkomo Str, Pre email: registrations@royalschools.co City - Cnr. Lemon Shark & Kingfish, email: registrations@royalschools.co	Albertsdal 2.za Credi za toria West 2.za Watervalspruit	t Check
PERSON RESPONSIBLE FO	R ACCOUNT:	LEARNER II	NFO:	
Surname			Surname	
First names		Firs	st names	
(in full)			Gender	
ID/Passport No.		Grade a	and class	
Please supply us with the for Royal Schools refere		This information will be han	dled confidentially, and w	ill only be used
by post. The information is without this information. The following information. 1. 3 months Salary advice. 2. 3 x months bank state.	on will be: Attached con will be: Attached comments (latest).	by either attaching it to this of the able to be identified by the beat of the	ne school. The application of the school osted	-
5. Workplace				
Work tel no:		E-mail address:		
6. Are you a home owner. 7. Do you live in your owner. 8. If not, do you rent a ling the House Flat 9. Physical address of whener.	vin home? Yes No ving space? Yes No Security estate	o	of your home:	
10. How long have you l	ived at this address?	if shor	ter than 6 months give pre	vious address
Name and Surname:	ce, give contact details of		ct no:	
-			Ct 110.	
·	have you ever been insolv			
13. Have you ever been		Yes No		
ANNUAL HOUSEHOLD INC Less than R329 999	OME BEFORE TAX Less than R330 000 - R429 999	Less than R430 000 - R529 999	Less than R530 000 - R579 999	More than R580 000
1	(name) hereby consent to	the carrying out of a credit checl	on my financial affairs by Roy	als School or its Agents
Signature:		Dat	e:	
Office use: Full credit check done b	/:		Date: D D M N	1 Y Y Y Y



CONSENT FOR CREDIT CHECK



Royal Schools is affiliated to TPN Credit Bureau, a registered credit bureau. All account payment profiles, patterns and behaviour is recorded monthly with the credit bureau for the purposes as per the National Credit Act

CONSENT CLAUSE: (Future debtor) Application form and/or Contractual Agreement

The debtor consents to and authorises Royal Schools, the supplier, service and/or credit provider, as the case may be, to:

- a) contact, request and obtain information at any time from any supplier/ service provider (or potential credit provider) or registered credit bureau in order to assess the behaviour, profile, payment patterns, indebtedness, whereabouts, and creditworthiness of the debtor; and
- b) provide information about the behaviour, profile, payment patterns, indebtedness, whereabouts, and creditworthiness of the debtor to any registered credit bureau or to any supplier, service or credit provider (or potential credit provider) seeking a trade reference regarding the debtor's dealings with the supplier, service and/or credit provider.

Full names of person responsible for the ac	ccount:	
Relation to the learner:		
Signature:	Date:	