



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

Copy of birth certificate/ID document		3X months proof of household income/salary advice	
Copy of study permit/asylum permit/refugee permit (if foreign)		Water and lights account (latest) or proof of residence	
Copy of learner's latest progress report		3X months bank statement	
Copy of learner's final progress report (once available)		Proof of registration fee payment	
Transfer document (once available)		Completed debit order form	
Copy of learner's vaccination record (Pre-primary and foundation phase learners)		1X credit reference (provide copy of latest statement eg. Motor vehicle, credit card)	
Completed and signed school fee clearance certificate		Two recent colour photos of the learner (ID size)	
Copy of parent's/ legal guardian's ID document		Completed and signed aftercare form (if applicable)	

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

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

Initials

D.) PERSON RESPONSIBLE FOR ACCOUNT

Please note that parents will be held jointly and severally liable for the account even if the account is paid by a third party / bursar.

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

E.) LEARNER MEDICAL INFORMATION

Medical aid:	_____							
Medical aid number:	_____							
Main member name:	_____							
Main member ID no:	_____							
Main member postal address:	_____							

Main member email address:	_____							
Main member cell number:	_____							
	Main member work number: _____							

Signature: _____
Main Member of Medical Aid

Date: _____

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"/>	COVID -19	<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 (OTHER THAN IN SECTION C AND D)

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

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 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 taken note of the school fees as published on www.royalschools.co.za and available from the school office. 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 I am aware that the account may be handed over to debt collectors and that I will be liable for the related costs. I am aware that my child(ren) will not be re-registered for the next year should I have an outstanding balance. Furthermore I am aware that the school also reserves the right to charge interest on all overdue accounts at a rate of 1% per month and that should school fees be in arrears, the school reserves the right to deny learners access to aftercare, transport, trips and outings and school functions. I am aware that school fees are payable annually in advance, but can be paid in monthly or quarterly instalments as published, but that should the monthly or quarterly payment be in arrears, the total fees for the year will immediately become payable. I am aware that the school reserves the right to not accept a registration on the basis of affordability, academic and disciplinary record and incomplete application and that the school reserves the right to request upfront payment of the January school fees to reserve a space for the following academic year.

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 and that neither I, nor my child(ren) will be eligible for any payment as a result of this.

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.

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.

The Protection of Personal Information Act (POPIA)

The Protection of Personal Information Act (POPIA) is enforced from the 1st of July 2021 and Royal Schools requires your consent to store and process the Parent, Legal Guardian and child's personal information. By completing this application form and submission of the necessary supporting documents you are consenting that: Royals Schools may process your and the child's personal information for the purposes of processing this application for admission to Royal Schools; Royals Schools may request and process information from your child's current/previous school in order to process this application and that Royal Schools may proceed with enquiries that are necessary to verify any information provided in the application documentation, including verification of credit ratings. Royal Schools is dedicated to protecting the privacy of all whose personal information we hold in our possession. Royal Schools are committed to use all personal information in accordance with POPIA. Royal Schools will only process personal information as per POPIA guidelines, and confirm that we will not sell or share personal information for economic purposes. Should this application not be successful or withdrawn, all information included in this application will be destroyed as per POPIA regulations and Royals Schools Policy.

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

Thus signed on this _____ day of _____ 20 _____

Account holder

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.

J.) MARKETING SOURCE

Please indicate where you heard about our school

Facebook Open Days Google Flyers School Signage Info Boards

K. ANNUAL HOUSEHOLD INCOME BEFORE TAX

Less than R429 000	R429 001 R479 000	R479 001 R579 000	R579 001 R629 000	R629 001+

OFFICE USE

ACCEPTED REJECTED

AUTHORISED BY

Signature

STUDENT NUMBER _____ GR _____

AMOUNT PAID

Receipt Number

R

DATE NOTIFIED _____

I am aware that a fee of R120 will be charged for the credit check should my application be declined.

Initials _____

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 account: _____

Relation to the learner: _____

Signature: _____

Date: _____