

ROYAL KINGS SCHOOL - ENROLLMENT CONTRACT

YEAR APPLIED FOR _____

GRADE APPLIED FOR

• Confirm availability at applicable school

GRADE (NURSERY SCHOOL)

HALF DAY FULL DAY

GRADE

R	1	2	3	4	5	6	7	8	9	10	11	12
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 (SCHOOL)

AFTERCAR W

• Confirm availability at applicable school

YES NO

MONTH AND YEAR APPLIED FOR: _____

AFTERCARE OPTION:

FULL DAY

• MOST IMPORTANT

This Application for Admission will only be processed if ALL fields are completed legibly, are signed and ALL necessary supporting documents are attached.

NECESSARY SUPPORTING DOCUMENTS, COMPLETED SECTIONS AND FORMS

- Transfer Document once available
- Copy of Learner's FINAL Progress Report once available
- Copy of Learner's latest Progress Report
- Copy of Learner's Birth Certificate/ID Document
- Copy of Learner's Vaccination Records if available
- Copy of Learner's Residence/Study Permit, if foreign
- Proof of residence
- Copy of Parents'/Legal Guardians' ID Documents

- If divorced, copy of maintenance order
- Completed and signed Debit Order Form
- Completed Finance Clearance Form from current/previous school
- Subject Choice Form (FET Phase: Gr 10 - Gr 12)
- Sections 1 - 12 completed and signed
- Non-refundable application fee

TWO RECENT
COLOUR PHOTOS
OF LEARNER
(ID SIZE)

FOR OFFICE USE

INTERVIEW DATE _____

NOTES _____

APPROVED _____

DATE _____

COMMENCEMENT DATE _____

GROUP/GRADE _____

FAMILY CODE _____

CREDIT REFERENCE _____

SIBLINGS AT THE SCHOOL 1 _____

2 _____

SECTION 1 : LEARNER'S PERSONAL DETAILS

SURNAME _____

FULL NAMES AS ON BIRTH CERTIFICATE/ID DOCUMENT

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

PREFERRED NAME _____

IDENTITY NUMBER

DATE OF BIRTH _____

AGE _____

GENDER

MALE

FEMALE

HOME AND OTHER SPOKEN LANGUAGE/S

HOME _____

OTHER _____

LANGUAGE/S OF LEARNING AND TEACHING

FIRST _____

SECOND _____

NUMBER OF CHILDREN IN FAMILY _____

POSITION OF CHILD IN FAMILY _____

NATIONALITY _____

COUNTRY OF ORIGIN _____

DATE OF IMMIGRATION _____

RACE

AFRICAN

COLOURED

INDIAN

WHITE

ASIAN

OTHER

RELIGION _____

RESIDENCE

PARENTS

GUARDIAN

TRANSPORT TO/FROM SCHOOL

MOTOR VEHICLE

SCHOOL BUS

SCHOLAR TR

TAXI

BICYCLE

WALK

LEARNERS CELL PHONE NUMBER _____

SECTION 2 : LEARNER'S EDUCATION DETAILS

CURRENT SCHOOL _____ PREVIOUS SCHOOL _____
 ADDRESS _____ ADDRESS _____

 TEL NO. _____ TEL NO. _____
 PRINCIPAL _____ PRINCIPAL _____
 LAST GRADE PASSED _____ YEAR _____ GRADE/S REPEATED _____
 HAS ADMISSION TO ANY OTHER SCHOOL/S EVER BEEN REFUSED? IF YES, PLEASE STATE REASON.
 YES NO

 REASON _____

ACADEMIC ACHIEVEMENTS

EXTRACURRICULAR ACHIEVEMENTS

OTHER ACHIEVEMENTS

SECTION 3 : LEARNER'S MEDICAL DETAILS

B FAMILY DOCTOR NAME _____ TEL NO. _____
 ADDRESS _____ CODE _____
 MEDICAL AID NAME _____ MEMBER NUMBER _____
 MAIN MEMBER MAIN MEMBER
 INITIALS AND SURNAME _____ ID NUMBER _____
 OPTION _____

HAS THE LEARNER RECEIVED ALL THE NECESSARY IMMUNISATIONS? IF NO, PLEASE STATE REASON.
 YES NO

 REASON _____

HAS THE LEARNER SUFFERED FROM ANY OF THE FOLLOWING ILLNESSES? PLEASE INDICATE WITH AN X.

- | | | | |
|--------------------------------------|---|--|--|
| <input type="checkbox"/> ASTHMA | <input type="checkbox"/> ENTERIC FEVER | <input type="checkbox"/> MEASLES | <input type="checkbox"/> SCARLET FEVER |
| <input type="checkbox"/> CHICKEN POX | <input type="checkbox"/> GERMAN MEASLES | <input type="checkbox"/> MUMPS | <input type="checkbox"/> TICK BITE FEVER |
| <input type="checkbox"/> DIABETES | <input type="checkbox"/> HEPATITIS | <input type="checkbox"/> POLIO | <input type="checkbox"/> TYPHOID FEVER |
| <input type="checkbox"/> DIPHTHERIA | <input type="checkbox"/> MALARIA | <input type="checkbox"/> RHEUMATIC FEVER | <input type="checkbox"/> WHOOPING COUGH |

DOES THE LEARNER SUFFER FROM ANY ALLERGIES?
 YES NO

IF YES, PLEASE GIVE DETAILS. _____

DOES OR HAS THE LEARNER SUFFERED FROM ANY OTHER ILLNESSES OR DISABILITIES?
 YES NO

IF YES, PLEASE GIVE DETAILS. _____

IS THE LEARNER RECEIVING MEDICAL TREATMENT FOR ANY CONDITION?
 YES NO

IF YES, PLEASE GIVE DETAILS. _____

IS OR HAS THE LEARNER SUFFERED FROM OR RECEIVED TREATMENT FOR ANY PSYCHOLOGICAL OR EMOTIONAL UPSET?
 YES NO

IF YES, PLEASE GIVE DETAILS. _____

SECTION 3 CONTINUED. : LEARNER'S MEDICAL DETAILS

HAS THE LEARNER HAD ANY OPERATIONS?

YES

NO

IF YES, PLEASE GIVE DETAILS. _____

PLEASE SPECIFY ANY OTHER RELEVANT MEDICAL DETAILS _____

IN A CRITICAL MEDICAL SITUATION, PLEASE BEAR IN MIND THAT THERE MAY NOT BE TIME TO REFER TO THE LEARNER'S RECORDS. THE SCHOOL THEREFORE RESERVES THE RIGHT TO UTILISE THE QUICKEST MEDICAL SERVICE AVAILABLE.

I, _____ BEING THE PARENT/LEGAL GUARDIAN OF _____
 HEREBY AGREE THAT A MEDICAL PRACTITIONER MAY PROVIDE EMERGENCY TREATMENT AS MAY BE NECESSARY.

SIGNATURE OF PARENT/LEGAL GUARDIAN _____

SECTION 4 : DETAILS OF FATHER/STEPFATHER/LEGAL GUARDIAN

COMPLETE ONLY IF **NOT** THE ACCOUNT HOLDER. REFER TO SECTION 7.

SURNAME _____

FULL NAMES AS IN ID DOCUMENT

DESIGNATION _____

MR	MRS	MS	MISS	DR	REV	PROF	OTHER	
----	-----	----	------	----	-----	------	-------	--

IDENTITY NUMBER _____

--	--	--	--	--	--	--	--	--	--	--	--	--	--

RELATIONSHIP _____

MARITAL STATUS _____

OCCUPATION _____

EMPLOYER _____

RESIDENTIAL ADDRESS _____

WORK ADDRESS _____

POSTAL ADDRESS _____

TEL H _____

TEL W _____

CELL _____

EMAIL ADDRESS (PLEASE WRITE LEGIBLY) _____

PARENTAL STATUS

LEARNER LIVING WITH PARENT/S	LEARNER'S LEGAL GUARDIAN	ACCESS RIGHTS TO LEARNER	ACCESS RIGHTS IN AN EMERGENCY ONLY
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SECTION 5 : DETAILS OF MOTHER/STEPMOTHER/LEGAL GUARDIAN

COMPLETE ONLY IF **NOT** THE ACCOUNT HOLDER. REFER TO SECTION 7.

SURNAME _____

FULL NAMES AS IN ID DOCUMENT

DESIGNATION _____

MR	MRS	MS	MISS	DR	REV	PROF	OTHER	
----	-----	----	------	----	-----	------	-------	--

IDENTITY NUMBER _____

--	--	--	--	--	--	--	--	--	--	--	--	--	--

RELATIONSHIP _____

MARITAL STATUS _____

OCCUPATION _____

EMPLOYER _____

RESIDENTIAL ADDRESS _____

WORK ADDRESS _____

POSTAL ADDRESS _____

TEL H _____

TEL W _____

CELL _____

EMAIL ADDRESS (PLEASE WRITE LEGIBLY) _____

PARENTAL STATUS

LEARNER LIVING WITH PARENT/S	LEARNER'S LEGAL GUARDIAN	ACCESS RIGHTS TO LEARNER	ACCESS RIGHTS IN AN EMERGENCY ONLY
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SECTION 6 : DETAILS OF ANOTHER CONTACT IN THE CASE OF AN EMERGENCY

SURNAME _____ FULL NAMES _____
RELATIONSHIP _____
TEL H _____ TEL W _____ CELL _____
EMAIL ADDRESS (PLEASE WRITE LEGIBLY) _____

SECTION 7 : DETAILS OF ACCOUNT HOLDER

SURNAME _____ FULL NAMES AS IN ID DOCUMENT _____
DESIGNATION _____
IDENTITY NUMBER _____
RELATIONSHIP _____ MARITAL STATUS _____
OCCUPATION _____ EMPLOYER _____
RESIDENTIAL ADDRESS _____ WORK ADDRESS _____ POSTAL ADDRESS _____
TEL H _____ TEL W _____ CELL _____
EMAIL ADDRESS (PLEASE WRITE LEGIBLY) _____

PARENTAL STATUS

LEARNER LIVING WITH PARENT/S	LEARNER'S LEGAL GUARDIAN	ACCESS RIGHTS TO LEARNER	ACCESS RIGHTS IN AN EMERGENCY ONLY
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DETAILS OF CHILDREN IN YOUR CARE WHO ARE CURRENTLY AT THIS SCHOOL

1. NAME _____ GR _____ 2. NAME _____ GR _____
3. NAME _____ GR _____ 4. NAME _____ GR _____

PAYMENT OPTION

MONTHLY DEBIT ORDER

SECTION 8 : SIGNATURE OF PARENTS/LEGAL GUARDIAN AND/OR ACCOUNT HOLDER

We, the undersigned, _____, hereby certify that the information provided in this Application for Admission is complete and accurate. We acknowledge that enrolment is subject to, inter alia, signing a Learner Admission Contract that contains the detailed terms, conditions and requirements for admission.

We hereby authorise the School and/or any of its associates to conduct any credit enquiries on us as may be necessary from time to time.

We acknowledge that we have read the School Specific Policies and School Rules and will accept an offer of placement for our child at the School in accordance with the terms and conditions as set out therein. These documents, as amended from time to time, are available on the official School website.

NB: The signatures of the account holder and both parents and / or legal guardians are required where applicable.

SIGNATURE OF ACCOUNT HOLDER

DATE

SIGNATURE OF FATHER/ STEPFATHER / LEGAL GUARDIAN

DATE

SIGNATURE OF MOTHER/STEPMOTHER/LEGAL GUARDIAN

DATE