



# Alberton Remedial School

Tel: 011 867 1053 Cell: 082 212 2563 email: [info@albertonremedial.com](mailto:info@albertonremedial.com) web:  
[www.albertonremedial.com](http://www.albertonremedial.com)

39 Vermooten Str/Fisher Str  
Brackenhurst Ext1  
Alberton  
1448

ES 700 400 479  
Reg. No 2011/093910/23

2022

## APPLICATION FORM

Learner Name

Grade

### For Office use only

Date Received :  
Date Interviewed :  
School Assessment date :  
Accepted :  
Date added to account :  
Medical Diagnosis :  
Medication given at Home :  
  
Medication to be given  
at school :  
LSEN NO :




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## Application Form 2022

Date/Grd Accepted

Accession No.

Grade Applied for  Highest Grade Passed  Year when Passed

Learner Surname  Initials  Nick Name

First Name  Other Names

Date of Birth yyyy  Month  Day  Age  Male  Female

Identification Number  or Passport Number

Citizenship  Country of Residence  Race

Physical Address   
  
  
 Code   
Home Telephone   
Learner Cell Phone   
Emergency Number   
Learner Email

Home Language  Other Language  Preferred Lang of Instr.  Religion

Learner resides with Mother  Father  Both  Grandparent  Guardian  Mode of Transport

Pre-Primary (for Gr1 only) None  Informal  Formal

Previous School/s	Grades	Month & Year of entry	Month & Year of exit
<input type="text"/>			
<input type="text"/>			
<input type="text"/>			
<input type="text"/>			

Medical Aid Name  Med Aid No.  Main Member

Doctor's Name  Address

Doctor's Telephone  Medical Condition/s

Emergency Contact Name

Telephone Number  Allergies

Dexterity Right Handed  Left  Ambidextrous

Siblings No.  At this School  Position in the Family  (e.g. first)

Documents to be submitted to the School with this application

- |   |  |
|---|--|
| <input type="checkbox"/> Certified copy of the Learner's Birth Certificate  | <input type="checkbox"/> Certified Copy of both Parent's Identity Documents                            |
| <input type="checkbox"/> Certified copy of the Learner's Immunisation Card  | <input type="checkbox"/> Transfer letter from previous School  |
| <input type="checkbox"/> Copy of the Learner's most recent School Report  | <input type="checkbox"/> Proof of Residency (Municipal account or certified copy of a lease agreement) |
| <input type="checkbox"/> A copy of any previous assessments done by Health professionals<br>( Psychologist, Speech/Occupational Therapist, Neurologist etc) |  |

**Father's Information**

Surname	<input type="text"/>	Names	<input type="text"/>
Identity Number	<input type="text"/>	or Passport No.	<input type="text"/>
Marital Status	<input type="text"/>	Home Language	<input type="text"/>
		Learner Resides with this Parent	Yes <input type="checkbox"/> No <input type="checkbox"/>
Residential Address	<input type="text"/>	Postal Address	<input type="text"/>
	<input type="text"/>		<input type="text"/>
	<input type="text"/>		<input type="text"/>
	Code		Code
Employer	<input type="text"/>	Cell Telephone No.	<input type="text"/>
Work Address	<input type="text"/>	Home Telephone No	<input type="text"/>
	<input type="text"/>	Work Telephone No	<input type="text"/>
	<input type="text"/>	Email Address	<input type="text"/>
	Code		

**Mother's Information**

Surname	<input type="text"/>	Names	<input type="text"/>
Identity Number	<input type="text"/>	or Passport No.	<input type="text"/>
Marital Status	<input type="text"/>	Home Language	<input type="text"/>
		Learner Resides with this Parent	Yes <input type="checkbox"/> No <input type="checkbox"/>
Residential Address	<input type="text"/>	Postal Address	<input type="text"/>
	<input type="text"/>		<input type="text"/>
	<input type="text"/>		<input type="text"/>
	Code		Code
Employer	<input type="text"/>	Cell Telephone No.	<input type="text"/>
Work Address	<input type="text"/>	Home Telephone No	<input type="text"/>
	<input type="text"/>	Work Telephone No	<input type="text"/>
	<input type="text"/>	Email Address	<input type="text"/>
	Code		

**Guardian's Information Relationship to Learner**

Surname	<input type="text"/>	Names	<input type="text"/>
Identity Number	<input type="text"/>	or Passport No.	<input type="text"/>
Marital Status	<input type="text"/>	Home Language	<input type="text"/>
		Learner Resides with this Person	Yes <input type="checkbox"/> No <input type="checkbox"/>
Residential Address	<input type="text"/>	Postal Address	<input type="text"/>
	<input type="text"/>		<input type="text"/>
	<input type="text"/>		<input type="text"/>
	Code		Code
Employer	<input type="text"/>	Cell Telephone No.	<input type="text"/>
Work Address	<input type="text"/>	Home Telephone No	<input type="text"/>
	<input type="text"/>	Work Telephone No	<input type="text"/>
	<input type="text"/>	Email Address	<input type="text"/>
	Code		

Name of Person responsible for the account  Signature  Date

Once off Enrolment Fee (per Learner)	R 5 000	Non-refundable enrolment fee
Annual Fee	R 61 200	A 5% deduction (R3060) is granted for payment made in <b>full before 31st January 2022</b>
Termly Fee	R 15 600	A 3% deduction (R459) is granted for <b>termly payments made by the first day of the term.</b>
Monthly Fee (over12 months)	R 5 100	No reduction in fees. <b>Payable by 14th January thereafter the 3rd of every month to December 2022</b>
Monthly Fee (over11 months)	R 5 563	No reduction in fees. <b>Payable by 14th January thereafter the 3rd of every month to November 2022</b>
Siblings		A 10% deduction is granted for the second and subsequent children enrolled

**School Fees are payable in advance, by the 3rd of the month with the exception of January as noted above.**

#### Banking Details

Account Name	Alberton Remedial	* Enrolment fees should be paid as soon as possible after acceptance to ensure
Bank	Standard Bank	that the Learner's position is secured.
Branch	The Glen	* January fees are due by the start of the new term and all subsequent payments must
Branch Code	600518	be made by the 3rd of the following month (ie from February).
Account Number	200069144	* Cash payments should be made directly to the School and preferably not
Account Type	Current Account	deposited into the Bank Account.

#### NOTE ON FEES

- 1 Alberton Remedial is an Independent school which receives no funding from the Department of Education and is solely dependent on the finances raised through fees.
- 2 Fees must be paid strictly in accordance with these stipulations.
- 3 Any deviations such as short or non-payment must be noted in writing by email prior to the stipulated dates.
- 4 Fees are calculated annually and payments are made monthly irrespective of holidays.
- 5 Fees are payable in accordance with these stipulations irrespective of receipt of statement.
- 6 Statements are emailed from the 25th of month and reflect payments up to two days prior to being sent.
- 7 Any queries regarding accuracy should be made in writing via email.
- 8 Assistance will be given upon written request for Tax/Medical Invoices or Annual Statements
- 9 Payments may be made by EFT, Debit Orders or ATM transfers. Cash payments should be made at the School and NOT into the Bank Account. A receipt will be issued immediately and the transaction will reflect on the following Months statement.
- 10 Alberton Remedial School reserves the right to suspend any Learner whose account is in arrears
- 11 One Month's notice is required should a learner leave the school for Terms 1, 2 and 3 and a full terms notice should a learner wish to leave in Term 4.
- 12 One Month's notice is required should a learner no longer wish to partake in Aftercare, Lunch or Homework.
- 13 In terms of Family Law, parents are jointly and severally liable for the payment of the fees irrespective of their marital Status.

- 1 I/We hereby certify that I/We have legal custody and / or guardianship in respect of the below named Learner/s and that I/We is/are entitled to sign this document and shall be bound in my/our personal capacity.
- 2 I/We hereby choses domicillium citandi et executandi (official address) as stated below. I/We undertake to inform Alberton Remedial School of any change of address.
- 3 I/We understand that should the School take legal action to recover any outstanding fees, all costs associated with this action will be for my/our account.
- 4 The person as stated below accepts full responsibility for payment of the School Fee Account.
- 5 Note that Alberton Remedial School holds both parents jointly and severally liable for payment of accounts unless decreed elsewhere by Law. Copies of such agreements must be submitted to the school.
- 6 I/We consent to the School collecting, storing and updating the personal information that we provided to the School about me/us and the student enrolled at the school.
- 7 I/We agree that the School can provide the necessary persoanl information to an authorised representative of the School for a lawful purpose only.
- 8 I/We further consent to the School or the School's authorised representative taking reasonable practicable steps to ensure that the personal information is complete, accurate, not misleading and updated where necessary.

Address

	Code

**Declaration** I / We .....hereby declare that the information provided herein is to the best of my/our knowledge is correct and grant Alberton Remedial School to verify any or all of the details.

I / We understand that should any of the information be found to be false, action may be taken against me / us.

<b>Name of responsible Person</b>		<b>Signature</b>	
<b>Thus signed at</b>		<b>Date</b>	
<b>Full name/s of Learner/s</b>			
<b>Witness Name</b>		<b>Signature</b>	



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## INDEMNITY FORM

I, ..... I.D No. ....

the parent / guardian of ..... (Learner's name)

..... (Learner's I.D. No.)

I hereby declare that I will not hold **ALBERTON REMEDIAL SCHOOL** and its Employees responsible for any injury or incident that may occur at the School.

I hereby declare that I will not hold **ALBERTON REMEDIAL SCHOOL** and its Employees responsible for the loss or damage of any item such as cell phones, ipads, toys etc. that get brought to the School.

I hereby grant permission for the Learner stated above to accompany the School on any outings taken, be it for learning, sport or Recreation.

It is understood that **ALBERTON REMEDIAL SCHOOL** and its Employees will take all necessary preventative measures, within reason, to ensure the safety of all Learners at all times.

I hereby indemnify **ALBERTON REMEDIAL SCHOOL AND ITS EMPLOYEES** fully.

Parent / Guardian name.....

Signature.....

Date.....

