



# 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

2025

## APPLICATION FORM Grades 10 - 12

Learner Name

Grade 2025

### 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 Grades 10 - 12

Date/Grd Accepted

Accession No.

Grade Applied for	<input type="text"/>	Highest Grade Passed	<input type="text"/>	Year when Passed	<input type="text"/>
Learner Surname	<input type="text"/>	Initials	<input type="text"/>	Nick Name	<input type="text"/>
First Name	<input type="text"/>	Other Names	<input type="text"/>		
Date of Birth	yyyy <input type="text"/>	Month	<input type="text"/>	Day	<input type="text"/>
		Age	<input type="text"/>	Male	<input type="checkbox"/>
				Female	<input type="checkbox"/>
Identification Number	<input type="text"/>	or	Passport Number	<input type="text"/>	
Citizenship	<input type="text"/>	Country of Residence	<input type="text"/>	Race	<input type="text"/>
Physical Address	<input type="text"/>		Home Telephone	<input type="text"/>	
	<input type="text"/>		Learner Cell Phone	<input type="text"/>	
	<input type="text"/>		Emergency Number	<input type="text"/>	
	<input type="text"/>		Code	<input type="text"/>	
Home Language	<input type="text"/>	Other Language	<input type="text"/>	Preferred Lang of Instr.	<input type="text"/>
				Religion	<input type="text"/>
Learner resides with	Mother <input type="checkbox"/>	Father <input type="checkbox"/>	Both <input type="checkbox"/>	Grandparent <input type="checkbox"/>	Guardian <input type="checkbox"/>
				Mode of Transport	<input type="text"/>
Pre-Primary (for Gr1 only)	None <input type="checkbox"/>	Informal <input type="checkbox"/>	Formal <input type="checkbox"/>	Grades	Month & Year of entry
					Month & Year of exit
Previous School/s	<input type="text"/>				
	<input type="text"/>				
	<input type="text"/>				
	<input type="text"/>				
Medical Aid Name	<input type="text"/>	Med Aid No.	<input type="text"/>	Main Member	<input type="text"/>
Doctor's Name	<input type="text"/>		Address	<input type="text"/>	
Doctor's Telephone	<input type="text"/>		Medical Condition/s	<input type="text"/>	
Emergency Contact Name	<input type="text"/>			<input type="text"/>	
Telephone Number	<input type="text"/>		Allergies	<input type="text"/>	
Dexterity	Right Handed <input type="checkbox"/>	Left <input type="checkbox"/>	Ambidextrous	<input type="checkbox"/>	
Siblings	No. <input type="text"/>	At this School	<input type="text"/>	Position in the Family	<input type="text"/> (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 ( Psychologist, Speech/Occupational Therapist, Neurologist etc)				

**Father's Information**

Surname			Names		
Identity Number			or Passport No.		
Marital Status	Home Language		Learner Resides with this Parent	Yes	No
Residential Address			Postal Address		
	Code			Code	
Employer			Cell Telephone No.		
Work Address			Home Telephone No		
			Work Telephone No		
			Email Address		
	Code				

**Mother's Information**

Surname			Names		
Identity Number			or Passport No.		
Marital Status	Home Language		Learner Resides with this Parent	Yes	No
Residential Address			Postal Address		
	Code			Code	
Employer			Cell Telephone No.		
Work Address			Home Telephone No		
			Work Telephone No		
			Email Address		
	Code				

**Guardian's Information****Relationship to Learner**


Surname			Names		
Identity Number			or Passport No.		
Marital Status	Home Language		Learner Resides with this Person	Yes	No
Residential Address			Postal Address		
	Code			Code	
Employer			Cell Telephone No.		
Work Address			Home Telephone No		
			Work Telephone No		
			Email Address		
	Code				

Name of Person responsible for the account

Signature

Date

Curriculum Fee	R 0	Paid directly to Mindscape
Annual Fee	R 61 200	A 5% deduction (R3060) is granted for payment made in <b>full before 31st January 2025</b>
Termly Fee	R 15 300	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 2025</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 2025</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.
- 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>	<input style="width: 90%;" type="text"/>	<b>Signature</b>	<input style="width: 90%;" type="text"/>
<b>Thus signed at</b>	<input style="width: 90%;" type="text"/>	<b>Date</b>	<input style="width: 90%;" type="text"/>
<b>Full name/s of Learner/s</b>	<input style="width: 100%;" type="text"/>		
<b>Witness Name</b>	<input style="width: 90%;" type="text"/>	<b>Signature</b>	<input style="width: 90%;" type="text"/>



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## INDEMNITY FORM 2025

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.....



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### EMERGENCY MEDICAL CONSENT 2025

In order for Alberton Remedial School to comply with the By-Law on the administering of medicine, we request all parents / guardians to please complete, date and sign the consent below.

Learner Name.....

I hereby give consent to the Staff of Alberton Remedial School to administer medicine, prescribed or un-prescribed to the above stated learner in case of an emergency or any other medical situation which may require the administering of oral medication. I further confirm that this learner's allergies (if any) have been brought to the attention of the Staff.

I further confirm that any prescribed medication will be handed directly to the staff and not passed on through the Learner.

I understand that the signing of this consent is a requirement by Law for the administering of oral medication.

Parent / Guardian Name.....

Parent / Guardian signature..... Date.....

.....  
Signed for and behalf of Alberton Remedial School

Name

Date