



## *Alberton Remedial School cc*

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39 Vermooten Str/Fisher Str  
Brackenhurst Ext1  
Alberton  
1448

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

2026

## **APPLICATION FORM**

## ***Grades 1 to 9***

Learner Name

1. **What is the primary purpose of the proposed legislation?**

Grade 2025

1. **What is the primary purpose of the proposed legislation?**

**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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Brackenhurst Ext1

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1448

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## Application Form 2026

Grades 1 to 9

Accession No.	Date/Grd Accepted						
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 <input type="checkbox"/>	Female <input type="checkbox"/>	
Identification Number	or		Passport Number				
Citizenship	Country of Residence		Race				
Physical Address			Home Telephone				
			Learner Cell Phone				
			Emergency Number				
	Code		Learner Email				
Home Language	Other Language	Preferred Lang of Instr.		Religion			
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	
Grades repeated			Grades	Month & Year of entry	Month & Year of exit		
Previous School/s							
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 <input type="checkbox"/>	Left <input type="checkbox"/>	Ambidextrous <input type="checkbox"/>				
Siblings	No. <input type="checkbox"/>	At this School <input type="checkbox"/>		Position in the Family <input type="checkbox"/>		(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)			<input type="checkbox"/> 3 months bank Statements of Account Payer			
<input type="checkbox"/>	Certified Copy of both Parent's Identity Documents			<input type="checkbox"/> Previous Schoo Financial Clearance Form <input type="checkbox"/> Initials			

**Father's Information**

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

**Mother's Information**

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

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

Surname			Names		
Identity Number			or Passport No.		
Marital Status		Home Language		Learner Resides with this Person	Yes <input type="checkbox"/> No <input type="checkbox"/>
Residential Address			Postal Address		
	Code				Code
Employer			Cell Telephone No.		
Work Address			Home Telephone No.		
			Work Telephone No.		
	Code		Email Address		
Name of Person responsible for the account			Signature		
			Date		

Learner

Grade

Date Applied

Special Dietry requirements

Name of Parent

Signature

Name of Transport if learner is not being collected by a parent / guardian.

Contacts and telephone numbers

The facility will include homework classes, a light mid-afternoon snack and drink and supervision up and until 17h30.

Lunches will NOT be provided.

The facility will NOT be available during School Holidays.

**School Fees 2026****ALL FEES ARE PAYABLE IN ADVANCE**

Once off Enrolment Fee (per Learner)			R 5 000	Initial Option	Notes
		Discount	Nett		
<b>Annual Fee</b>	R 72 000	R 3 600	R 68 400		Discount granted only if payment received by <b>15th January 2026</b>
<b>Termly</b>	R 18 000	R 540	R 17 460		Discount granted only if payment received by the <b>1st day of Term</b>
<b>Instalment 12 months</b>	R 6 000	None	R 6 000		Payable monthly <b>in advance</b> due by the <b>3rd January 2026</b> and final payment by the <b>3rd December 2026</b>
<b>Instalment 11 months</b>	R 6 545	None	R 6 545		Payable monthly <b>in advance</b> due by the <b>3rd January 2026</b> and final payment by the <b>3rd November 2026</b>
<b>Siblings</b>		10%			Discount of 10 % granted for the second or third child enrolled in the same year
<b>Aftercare</b>	R 1 500	None	R 1 500		
<b>Resource Fee</b>	R 2 000	None	R 2 000		Once-off payment for the year, <b>due by 15th January 2026</b>
Learners not in aftercare but remain at school after normal School departure times			R 90 per day		

**UNLESS WE ARE NOTIFIED IN ADVANCE, INTEREST OF 2 % WILL BE CHARGED ON PAYMENTS NOT RECEIVED BY DUE DATES**

## Banking Details

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

Initials:

**Contractual Relationship**

- 1 Alberton Remedial is an **Independent Private School** which receives no funding from the South African Department of Education and is solely dependent on the finances raised through fees paid by parents/guardians for its income in terms of a contractual relationship between Alberton Remedial School CC and the parents/guardians which differs from the right afforded in the South African Constitution that guarantees every child access to public education whether or not the parent/guardian is able to pay public school fees.

**Fees Payable**

- 2 Fees must be paid **strictly in accordance** with these terms and conditions.
- 3 All **School Fees** are payable in advance by the last **day of the month**.
- 4 School Fees may be made by EFT, card machine at the School, Debit Orders or ATM Transfers.
- 5 Fees are payable in accordance with these terms and conditions irrespective of receipt of invoices and/or statements.
- 6 Statements are emailed from the 25th of each month and reflect payments up to two days prior to being sent.
- 7 Any queries regarding accuracy should be made in writing via email within 3 business days, after which it will be accepted by Alberton Remedial School CC that the amounts are correct as stated.
- 8 Alberton Remedial School CC must be notified in writing by email prior to the stipulated dates of any reasonable non-compliance with these terms and conditions such as short or non-payment.
- 9 Alberton Remedial School CC reserves the right to automatically suspend any learner if fees are not paid by the 3rd of each month and no acceptable written payment arrangement has been made with Alberton Remedial School CC whereby the parent/guardian will be informed to keep the learner at home until the outstanding account has been settled in full.
- 10 Any School fees paid annually will not be refunded in full if the child leaves during the school year. The discount granted will be reversed to a monthly basis and 1 full month's notice will apply. The remaining balance will be repaid to the Parent/Guardian.
- 11 Fees are calculated annually and payments must be paid in advance monthly/termly (as per agreed option) irrespective of any holidays.

**Notice Periods**

- 12 One month's notice via email is required should a learner leave the school in Terms 1, 2 & 3 and that in the event of any failure to give such proper written notice in advance via email to Alberton Remedial School CC, a cancellation fee equal to 3 (three) months school fees will be payable to Alberton Remedial School CC on demand, which cancellation fee is reasonable and hereby agreed to.
- 13 A full Term's written notice via email will be required should a learner wish to leave in Term 4.
- 14 One month's written notice via email is required should a learner no longer wish to partake in Aftercare.

**Tax/Medical Invoices or Annual Statements**

- 15 Assistance will be given upon written request for Tax/Medical invoices or Annual Statements.

Initials:

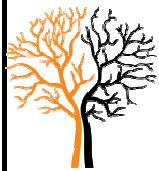
- 1 I/we declare that the particulars furnished on this application form are true and correct and that I/we undertake to comply with the rules, regulations and decisions of the School including any amendments applicable to both learners and Parents.
- 2 I/we undertake to keep all personal details updated at all times.
- 3 I/we hereby certify that I/we have legal custody and/or guardianship in respect of the below named Learner and that I/we am/are entitled to sign this document and shall be bound by all terms and conditions.
- 4 As a parent/guardian by signing this agreement, I/we confirm that I/we understand and agree to the rights and duties on me/us and my/our child in this agreement including the attachments to it and the terms and agreements and policies of Alberton Remedial School CC, such as paying all fees timeously, being responsible for my/our conduct and the behaviour of my/our child, and ensuring that my/our child and I/we with all the terms and conditions and policies of Alberton Remedial School CC which list is not exhaustive.
- 5 I/we hereby grant permission for my child/children to be photographed participating in events and for these photographs to be included in the School's website and other social media.
- 6 Alberton Remedial School CC requires, in accordance with the Protection of Personal Information Act (POPIA), your consent to store and process the Parent's, Legal Guardian's and Child's personal information gathered in the process of this application.
- 7 By completing this application form and along with the submission of the required supporting documents, you are consenting that Alberton Remedial School may process yours and the child's personal information for the purpose of processing this application for admission to the School. Alberton Remedial CC may also request further information from the likes of Educational Psychologists, previous schools, verification of credit or any other applicable source. Alberton Remedial School undertakes to use all personal information in accordance with POPIA and in the normal course of educational requirements. Should this application not be successful, all personal information will be securely archived.
- 8 I/we accept that compounded interest on overdue accounts may automatically be charged at 2% per month and that such interest shall be payable by me/us on demand to Alberton Remedial School CC.
- 9 We understand that should Alberton Remedial School CC take legal action to recover any outstanding school fees, I/we will be liable for all legal fees on an attorney client scale, collection costs and commission, compounded interest at a rate of 2 % per month and tracing fees.
- 10 The person/s (jointly and severally) as stated below accepts full responsibility for payment of the School Fee Account (which includes administration fees, relevant extra costs for specific activities and excursions, increases etc etc) which includes payment of School Fees for any future re-enrolment/s of the child/ren whether or not the person/s signs any future re-enrolment forms, the person/s must accordingly be exempted from his/her obligation in writing by Alberton Remedial School CC which discretion lies solely with Alberton Remedial School CC.
- 11 Alberton Remedial CC may demand school fees (as amended yearly) from me/us jointly with any other parent and/or legal guardian or severally which duty will continue during any future Re-enrolment/s of the child whether or not the person/s signs any future Re-enrolment forms and therefore even after the termination of this agreement and that such outstanding monies are payable by me/us to Alberton Remedial School CC on demand.
- 12 I/we agree that Alberton Remedial School CC shall be entitled to terminate the enrolment/re-enrolment of my/our child as a learner at Alberton Remedial School CC under the following circumstances:
  - a) If Alberton Remedial CC in its sole opinion deems it is in the best interests of Alberton Remedial CC and/or its learners and
  - b) If the school fees remain unpaid for more than 45 (forty five) days.
- 13 I/we understand that when a learner's enrolment/re-enrolment is terminated that the learner will have to apply to public schools as per the right to education as afforded by the South African Department of Education.
- 14 I/we consent to Alberton Remedial School CC collecting, storing and updating personal information that we provided to Alberton Remedial School CC about me/us and the learner enrolled at the school.
- 15 I/we agree that Alberton Remedial School CC can provide the necessary personal information to an authorised representative of Alberton Remedial School CC for any lawful purpose.

**Initials**

- 16 I/we further consent to Alberton Remedial School CC or the School's authorised representative taking reasonable practical steps to ensure that the personal information is complete, accurate, not misleading and updated where necessary.
- 13 I/we hereby consent to Alberton Remedial School CC or an authorised third party appointed by Alberton Remedial School CC to perform security checks including but not limited to criminal checks and credit checks for the duration of this agreement and I/we accordingly furthermore consent to the disclosure and exchange of my/our personal financial information by Alberton Remedial School CC to a credit bureau or financial institution in accordance with the National Credit Act.
- 14 I/we hereby declare that as stated in the indemnity form, I/we fully indemnify and will therefore not hold Alberton Remedial School CC and its Employees responsible for any injury or incident that may occur at the School and on any outings or for the loss or damage of any item of my child such as cell phones, ipads, toys etc.
- 15 Alberton Remedial School CC reserves the right to its terms and conditions.
- 16 This agreement constitutes the whole agreement between Alberton Remedial School CC and me/us relating to the subject matter hereof. No amendment or consensual cancellation of this agreement for any provision or term thereof or of any agreement, bill of exchange or other document issued or executed pursuant to or in any terms of the agreement and no settlement of any disputes arising under this agreement and no extension of time, waiver or relaxation or suspension of any of the provisions of the terms of this agreement or of any agreement shall be binding unless recorded in writing and signed by the parent/guardian and an authorised representative of Alberton Remedial School CC.

The address I/we choose for all correspondence and legal notices (Domicilium et executandi) is

Thus Signed on this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_



## INDEMNITY FORM 2026

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.....



## Alberton Remedial School CC

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### EMERGENCY MEDICAL CONSENT 2026

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.

The Parents agree to reimburse to the School any medical expense that the School incurs on behalf of or in relation to the Learner. Proof of such expenses will be made available to the Parents.

Parent / Guardian Name.....

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

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

.....  
Name

.....  
Date