

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

2026

# APPLICATION FORM

## Grades 1 to 9

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 :

[illegible]


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

EMIS 700 400 479

Reg. No 2011/093910/23

## 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

Female

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

Father

Both

Grandparent

Guardian

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

Left

Ambidextrous

Siblings

No.

At this School

Position in the Family

(e.g. first)

### Documents to be submitted to the School with this application

☐

Certified copy of the Learner's Birth Certificate

☐

Certified copy of the Learner's Immunisation Card

☐

Copy of the Learner's most recent School Report

☐

A copy of any previous assessments done by Health professionals

(Psychologist, Speech/Occupational Therapist, Neurologist etc)

☐

Certified Copy of both Parent's Identity Documents

☐

Certified Copy of both Parent's Identity Documents

☐

Transfer letter from previous School

☐

Proof of Residency (Municipal account or certified copy of a lease agreement)

☐

3 months bank Statements of Account Payer

☐

Previous School Financial Clearance Form

Initials

**Father's Information**

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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	
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**Aftercare Application**

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Learner		Grade		Date Applied	
Special Dietary 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		Fees are calculated for the full year Jan to Dec and therefore termly and monthly fees are a portion of this amount
Annual Fee	R 72 000	R 3 600	R 68 400			Discount granted only if payment received by <b>15th January 2026</b>
Termly	R 18 000	R 540	R 17 460			Discount granted only if payment received by the <b>1st day of Term</b>
Instalment 12 months	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>
Instalment 11 months	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>
Siblings		10%				Discount of 10 % granted for the second or third child enrolled in the same year
Aftercare	R 1 500	None	R 1 500			
Resource Fee	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 **Independant 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 it's 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 (Domicillium et executandi) is

\_\_\_\_\_

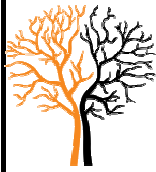
\_\_\_\_\_

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

\_\_\_\_\_  
Father/Guardian

\_\_\_\_\_  
Mother/Guardian

_____
_____
Name and signature of Account Holder



## 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.

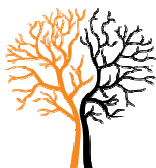
I hereby indemnify **ALBERTON REMEDIAL SCHOOL AND ITS EMPLOYEES** fully.

Parent / Guardian name.....

Signature.....

Date.....





# Alberton Remedial School CC

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

## 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