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39 Vermooten Str/Fisher Str
Brackenhurst Ext1
Alberton
1448

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

Application Form 2025 Grades R

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 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

Pre-Primary (for Gr1 only) None Informal Formal

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

Previous School/s	Grades	Month & Year of entry	Month & Year of exit
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<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
(Psychologist, Speech/Occupational Therapist, Neurologist etc) | |

Initials

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

Aftercare Application

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Learner	<input type="text"/>	Grade	<input type="text"/>	Date Applied	<input type="text"/>
Special Dietary requirements					
Name of Parent	<input type="text"/>	Signature	<input type="text"/>		
Name of Transport if learner is not being collected by a parent / guardian.					
Contacts and telephone numbers <input type="text"/>					

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 2025

Once off Enrolment Fee (per Learner)	R 5 000	Non-refundable enrolment fee
Annual Fee	R 52 800	A 5% deduction (R2 640) is granted for payment made in full before 31st January 2025
Termly Fee	R 13 200	A 3% deduction (R396) is granted for termly payments made by the first day of the term.
Monthly Fee (over12 months)	R 4 400	No reduction in fees. Payable by 14th January thereafter the 3rd of every month to December 2025
Monthly Fee (over11 months)	R 4 800	No reduction in fees. Payable by 14th January thereafter the 3rd of every month to November 2025
Siblings		A 10% deduction is granted for the second and subsequent children enrolled
Aftercare	R 1 450	Per learner payable monthly by 15th January, thereafter the 3rd of every month to November
Learners not in aftercare but remain at school after normal School departure times	R 90	Per Learner per day.
Resource Fee	R 1 450	Once-off payment for the year, due by 15th January 2025

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.

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 guarentees 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 **3rd of each month**.
- 4 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.
- 5 School Fees may be made by EFT, card machine at the School, Debit Orders or ATM Transfers. Cash payments should preferably be made at the School and NOT into Alberton Remedial School CC's Bank Account. A receipt will be issued immediately, and the transaction will reflect on the following month's statement.
- 6 Fees are payable in accordance with these terms and conditions irrespective of receipt of invoices and/or statements.
- 7 Statements are emailed from the 25th of each month and reflect payments up to two days prior to being sent.
- 8 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.
- 9 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.
- 10 Fees are calculated annually and payments must be paid in advance monthly/termly (as per agreed option) irrespective of any holidays.
- 11 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.

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.

PARENTS' / GUARDIANS' UNDERTAKING

- 1 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.
- 2 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.
- 3 I/we hereby choose my/our domicillium citandi et executandi (chosen address) as stated below. I/we undertake to inform Alberton Remedial CC of any changes of address.

Initials

- 4 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.
- 5 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.
- 6 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.
- 7 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.
- 8 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:
 - 8.1 If Alberton Remedial CC in its sole opinion deems it is in the best interests of Alberton Remedial CC and/or its learners and
 - 8.2 If the school fees remain unpaid for more than 45 (forty five) days.
- 9 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.
- 10 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.
- 11 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.
- 12 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. **Initials**

Address

	Code

Name of responsible Person

Signature

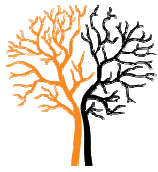
Thus signed at

Date

Full name/s of Learner/s

Witness Name

Signature



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.

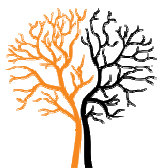
It is understood that **ALBERTON REMEDIAL SCHOOL** and its Employees will take all necessary preventative measures, within reason, to ensure the safety of all Learners at all times.

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

Parent / Guardian name.....

Signature.....

Date.....



Alberton Remedial School CC

Tel: 011 867 1053 Cell: 082 212 2563 email: info@albertonremedial.com web: www.albertonremedial.com

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