



AMBERFIELD COLLEGE

Physical Address: 4810 Amampondo Street,
Rooihuiskraal North x46, Centurion
Tel: 012 534 3344 | Email: info@amberfieldcollege.co.za

**APPLICATION FOR
ADMISSION**

Grade:

Year:

DOCUMENTS / INFORMATION REQUIRED

Copy of birth certificate/ID document	Completed and signed school fee clearance certificate from previous school
Copy of study permit/asylum permit/refugee permit (if foreign)	1X months proof of household income/salary advice
Copy of learner's latest progress report	3X months bank statements
Copy of learner's final progress report (once available)	Proof residence
Transfer document (once available)	Copy of medical aid card (front and back)
Copy of learner's vaccination record (Pre-primary and foundation phase learners)	Two recent colour photos of the learner (ID size) (Please do not email these but submit at the school)
Copy of parent's/ legal guardian's ID document	Completed debit order form (Compulsory)
Learner Admissions Contract (LAC) Compulsory	Proof of registration fee payment (non-refundable)

A.) LEARNER'S DETAIL

Admin number (office use)	Grade and class (applied for)
Surname	Home language
First names (in full)	Religion
Name to be called	Country of birth (if not SA)
ID/Passport No.	Ethnic group Black Indian White Coloured Asian
Student cell No.	Signature - Father
Gender Male <input type="checkbox"/> Female <input type="checkbox"/>	Signature - Mother

Means of transport to/from school: Motor vehicle Bus Taxi Bicycle Walk

B.) LEARNER'S EDUCATIONAL DETAIL

Current school: _____ Previous school: _____
 Telephone no: (current school) _____ Telephone no: (previous school) _____
 Last grade passed: _____ Year: _____ Grade/s repeated: (if any) _____
 Has admission to any other school/s ever been refused? If yes, please state reason. _____
 Have you as parent/guardian been called to school for discipline issues? If yes, please state reason _____

C.) FAMILY DETAIL

Father / Guardian	Surname	_____	Title	_____	Initial	<input type="text"/>	
	First names	_____	ID/Passport number	_____			
	Postal address	_____	Home address	_____			
		Postal code	<input type="text"/>	Suburb & City	_____	Postal code	<input type="text"/>
	Employer	_____	Phone: Home	<input type="text"/>			
	Occupation	_____	Work	<input type="text"/>			
	Public or Private sector	_____	Cell	<input type="text"/>			
	Work address	_____	Email address	_____			
	Suburb & City	Postal code	<input type="text"/>	Relation to learner	_____		
Mother / Guardian	Surname	_____	Title	_____	Initial	<input type="text"/>	
	First names	_____	ID/Passport number	_____			
	Postal address	_____	Home address	_____			
		Postal code	<input type="text"/>	Suburb & City	_____	Postal code	<input type="text"/>
	Employer	_____	Phone: Home	<input type="text"/>			
	Occupation	_____	Work	<input type="text"/>			
	Public or Private sector	_____	Cell	<input type="text"/>			
	Work address	_____	Email address	_____			
	Suburb & City	Postal code	<input type="text"/>	Relation to learner	_____		

Initials:

D.) PERSON RESPONSIBLE FOR ACCOUNT

Please note that parents will be held jointly and severally liable for the account, even if the account is paid by a third party / bursar.

Surname	_____	ID/Passport number	_____	Initials	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
First names	_____	Title	_____					
Postal address	_____	Home address	_____					
	_____		_____					
Work address	_____	Suburb & City	_____	Postal code	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	_____	Phone: Home	_____					
Suburb & City	_____	Work	_____					
Public or Private Sector	_____	Cell	_____					
		Email address	_____					

E.) LEARNER MEDICAL INFORMATION

Medical aid	_____	
Medical aid number	_____	
Main member name	_____	
Main member ID no.	_____	
Main member postal address	_____	

	_____	Postal code
		<input type="text"/>
Main member email address	_____	
Main member cell number	_____	Main member work number

Signature: _____
Main Member of Medical Aid

Date: _____

HAS THE LEARNER EVER HAD ANY OF THE FOLLOWING DISEASES?

German measles	<input type="checkbox"/>	Mumps	<input type="checkbox"/>
Measles	<input type="checkbox"/>	Diphtheria	<input type="checkbox"/>
Chicken pox	<input type="checkbox"/>	COVID -19	<input type="checkbox"/>

HAS THE LEARNER EVER BEEN TREATED FOR THE FOLLOWING?

TB	<input type="checkbox"/>	Ulcer	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	Migraine	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	Tonsils	<input type="checkbox"/>
Epilepsy	<input type="checkbox"/>	Heart disease	<input type="checkbox"/>

IS THE LEARNER ON ANY CHRONIC MEDICATION? PLEASE SPECIFY.

DOES THE LEARNER HAVE ANY ALLERGIES? PLEASE SPECIFY.

HAS THE LEARNER EVER HAD ANY OPERATIONS? PLEASE SPECIFY.

PLEASE SUBMIT A COPY OF YOUR MEDICAL AID CARD (FRONT AND BACK)

F.) DETAILS OF ANY OTHER CONTACT IN THE CASE OF AN EMERGENCY (OTHER THAN IN SECTION C AND

Surname	_____	Full names	_____
Relation to learner	_____		
Tel (h)	_____	Tel (w)	_____
		Cell	_____
Email address (please write legibly)	_____		

Initials:

G.) BROTHERS AND SISTERS

Name	Date of Birth	Age	Grade	Name of current School or Institution
1				
2				
3				

H.) MARITAL STATUS OF PARENTS

Married Divorced Married but live apart If Divorced - Children in custody of
 Widow Widower Single Mother Father or Both

I.) Declaration and Undertaking**Declaration and Undertaking**

I declare that the particulars furnished on this form are true and correct, and I undertake to comply with the rules, regulations and decisions of the school, and any amendments thereto, which may be applicable to learners and parents in general. I declare that I have perused the applicable school rules and policies and understand the contents thereof and accept it as binding on myself and the learner concerned.

School Fees

I have taken note of the school fees as published on www.amberfieldcollege.co.za and available from the school office. I have read, understood and accept the financial policy of the school. I accept full responsibility for all amounts due to the school and I agree to pay the school fees strictly according to due dates. I am aware that failing this account will be handed over to debt collectors and that I will be liable for all related costs. I am aware that my child(ren) will not be re-registered unless the outstanding balance is paid in full for the previous year. I am aware that the school also reserves the right to charge interest on all overdue accounts at a rate of 1% per month and that should my school fees be in arrears, the school reserves the right to deny my child(ren) access to aftercare, transport, trips and outings and school functions. I am aware that school fees are payable annually in advance, but can be paid in monthly or quarterly installments as published and should I at any stage be in arrears with the monthly or quarterly payment, the total fees for the year will immediately become payable and that the school reserves the right to not accept a registration on the basis of affordability, academic and disciplinary record and incomplete application. I am aware that the school has the right to request upfront payment of the January school fees to reserve space for the following academic year. Take note that the registration fees are non-refundable.

Photos

I hereby grant permission for my child to be photographed participating in class projects and events and for the photographs to be included on the school's website, Facebook and other electronic and social media and that neither I, nor my child(ren) will be eligible for any payment as a result of this.

Indemnity

I hereby give permission that my child(ren) may attend any excursion organised by the school with the permission of the principal. I understand that he/she will sometimes have to travel by bus or taxi to different venues of educational value. I agree that these trips will have to be paid for by me when organised. I acknowledge that the school will use the best transport available at the best value for money and accept that the school will take the necessary precautions to ensure the safety of my child, I will however, not hold the school responsible in case of an accident, loss of limb or life, or any other damages to her/his person or property. I also understand that this arrangement is necessary because it is not always flexible for parents to sign a letter of consent before a trip can take place.

Amberfield College Values

I undertake to uphold the values of Amberfield College whenever I am involved in school related functions or activities. I will also be available to attend parents meetings and functions to support the education of my child. I will respond timeously to letters, e-mails, SMS and calls made by the school. I undertake to keep all personal contact details updated at all times.

The Protection of Personal Information Act (POPIA)

The Protection of Personal Information Act (POPIA) is enforced from the 1st of July 2021 and Amberfield College requires your consent to store and process the Parent, Legal Guardian and Child's personal information. By completing this application form and submission of the necessary supporting documents you are consenting that: Amberfield College may process your and the child's personal information for the purposes of processing this application for admission to Amberfield College; Amberfield College may request and process information from your child's current/previous school in order to process this application and that Amberfield College may proceed with enquiries that are necessary to verify any information provided in the application documentation, including verification of credit ratings and that Amberfield College is dedicated to protecting the privacy of all whose personal information we hold in our possession. Amberfield College is committed to use all personal information in accordance with POPIA. Amberfield College will only process personal information as per POPIA guidelines, and confirm that we will not sell or share personal information for economic purposes. Should this application not be successful or withdrawn, all information included in this application will be destroyed as per POPIA regulations and Amberfield College Policy.

Amberfield College hereby undertakes to offer quality teaching and related services of a high standard to the best of our ability.

Thus signed on this _____ day of _____ 20_____

Father / Legal Guardian

Mother / Legal Guardian

Account holder

o.b.o. Amberfield College

Please note that registration is only confirmed when the application has been authorised by the Principal. The applicant will receive a letter if they have not been accepted for final admission to Amberfield College.

J.) MARKETING SOURCE

Please indicate where you heard about our school

Facebook Open Days Google Flyers School Signage Street Pole ads

ANNUAL HOUSEHOLD INCOME BEFORE TAX

Less than R310 000	R310 001-R620 000	R620 001-R930 000	R930 001+

OFFICE USE

ACCEPTED

REJECTED

AUTHORISED BY

Signature

Date notified

Receipt Number

AMOUNT PAID

R

I am aware that a fee of R130 will be charged for the credit check should my application be declined.

Initial: _____



CONSENT FOR CREDIT CHECK



Amberfield College is affiliated to TPN Credit Bureau, a registered credit bureau. All account payment profiles, patterns and behaviour is recorded monthly with the credit bureau for the purposes as per the National Credit Act.

CONSENT CLAUSE: (Future debtor) Application form and/or Contractual Agreement

The debtor consents to and authorises Amberfield College, the supplier, service and/or credit provider, as the case may be, to:

- a) contact, request and obtain information at any time from any supplier/ service provider (or potential credit provider) or registered credit bureau in order to assess the behaviour, profile, payment patterns, indebtedness, whereabouts, and creditworthiness of the debtor; and
- b) provide information about the behaviour, profile, payment patterns, indebtedness, whereabouts, and creditworthiness of the debtor to any registered credit bureau or to any supplier, service or credit provider (or potential credit provider) seeking a trade reference regarding the debtor's dealings with the supplier, service and/or credit provider.

Full names of person responsible for the account: _____

Relation to the learner: _____

Signature: _____

Date: _____