



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)	Proof of household income/salary advise X 1 month
Copy of learner's latest progress report	3X months latest bank statements
Copy of learner's final progress report (once available)	Proof of residence
Transfer document (once available)	Copy of medical aid (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 (if required)
Learner Admission Contract (LAC) Compulsory	Proof of registration fee payment (non-refundable)

A.) LEARNER'S DETAILS

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
Learner 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 Walk

B.) LEARNER'S EDUCATIONAL DETAILS

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 DETAILS

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

E.) LEARNER MEDICAL INFORMATION

Medical aid:			
Medical aid number:			
Main member name:			
Main member ID no:			
Main member postal address:			
Main member email address:			
Main member cell number:	Main member work number: _____		
Postal code _____			

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 D)**

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

I.) AGREEMENT BETWEEN ROYAL SCHOOLS AND THE UNDERSIGNED**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 students 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.ethamcollege.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, failing which I am aware that the account may be handed over to debt collectors and that I will be liable for the related costs. I am aware that my child(ren) will not be re-registered for the next year should I have an outstanding balance. Furthermore 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 school fees be in arrears, the school reserves the right to deny learners 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 instalments as published, but that should the monthly or quarterly payment be in arrears, the total fees for the year will immediately become payable. I am aware that the school reserves the right to not accept a registration on the basis of affordability, academic and disciplinary record and incomplete application and that the school reserves the right to request upfront payment of the January school fees to reserve a 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 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 he/she 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. These trips will have to be paid for when organised. The school will use the best transport available at the best value for money. I 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.

Royal Schools Values

I undertake to uphold the values of Etham 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 timely 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 Etham 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: Etham College may process your and the child's personal information for the purposes of processing this application for admission to Etham College; Etham College may request and process information from your child's current/previous school in order to process this application and that Etham College may proceed with enquiries that are necessary to verify any information provided in the application documentation, including verification of credit ratings. Etham College is dedicated to protecting the privacy of all whose personal information we hold in our possession. Etham College is committed to use all personal information in accordance with POPIA. Etham 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 Etham College Policy.

Suspension or Termination of Admission

The admission of the Learner as a learner at the School may be terminated in accordance with any one or more of the following sub-paragraphs, subject however, always to any relevant provisions of the Schools Act – by the Parents giving at least a complete School Term's notice to that effect to the School Head (the notice must be given before the commencement of the last School Term during which the Learner is to attend the School)

Etham 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_____

Account holder

Father / Legal Guardian

Mother / Legal Guardian

o.b.o. Etham College

Please note that registration is only confirmed when the application has been authorised by the Principal.

J.) MARKETING SOURCE

Please indicate where you heard about our school

Facebook Open Days Google Flyers School Signage Info Boards

K. ANNUAL HOUSEHOLD INCOME BEFORE TAX

Less than R350 000	R350 001- R650 000	R650 001- R950 000	R950 001 +

OFFICE USE

ACCEPTED

REJECTED

AUTHORISED BY

Signature

STUDENT NUMBER _____ **GR** _____

Receipt
Number

R

DATE NOTIFIED _____

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

Initials _____



ETHAM COLLEGE

ASPIRE · INNOVATE · LEAD

Tel: 031 030 0072 | **Email:** info@etham.co.za | **Website:** www.etham.co.za | **Address:** Rotunda Road, Hilton, 3201

Concent for Credit Check



Royal Schools 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) Applicat on form and/or Contractual Agreement

The debtor consents to and authorises Etham 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: _____