



**AMBERFIELD**  
COLLEGE

**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**

Transfer document once available	<input type="checkbox"/>	Proof of household income	<input type="checkbox"/>	Two recent colour photos of learner (ID size)
Copy of learner's final progress report once available	<input type="checkbox"/>	Proof of registration fee payment	<input type="checkbox"/>	
Copy of learner's latest progress report	<input type="checkbox"/>	Completed debit order form (if applicable)	<input type="checkbox"/>	
Copy of birth certificate / ID document	<input type="checkbox"/>	Subject choice form (FET Phase: Gr 10-12)	<input type="checkbox"/>	
Copy of learner's vaccination records (if available)	<input type="checkbox"/>	Sections 1-14 completed and signed	<input type="checkbox"/>	
Copy of learner's residence / study permit (if foreign)	<input type="checkbox"/>	Aftercare application (if applicable)	<input type="checkbox"/>	
Copy of parent's / legal guardian's ID document	<input type="checkbox"/>	Other	<input type="checkbox"/>	

**A.) LEARNER'S DETAIL**

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

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**

<b>Father / Guardian</b>	Surname	<input type="text"/>	Title	<input type="text"/>	Initials	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	First names	<input type="text"/>	ID/Passport number	<input type="text"/>					
	Postal address	<input type="text"/>	Home address	<input type="text"/>					
		Postal code	<input type="text"/>		Postal code	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Employer	<input type="text"/>	Phone: Home	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Occupation	<input type="text"/>	Work	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Mother / Guardian</b>	Work address	<input type="text"/>	Cell	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
		Postal code	<input type="text"/>	Email address	<input type="text"/>				
	Surname	<input type="text"/>	Relation to learner	<input type="text"/>	Title	<input type="text"/>	Initials	<input type="text"/>	<input type="text"/>
	First names	<input type="text"/>			ID/Passport number	<input type="text"/>			
	Postal address	<input type="text"/>			Home address	<input type="text"/>			
		Postal code	<input type="text"/>		Phone: Home	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Employer	<input type="text"/>			Work	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Occupation	<input type="text"/>			Cell	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Work address	<input type="text"/>			Email address	<input type="text"/>				
	Postal code	<input type="text"/>		Relation to learner	<input type="text"/>				

**D.) PERSON RESPONSIBLE FOR ACCOUNT**

Surname	_____	ID/Passport number	_____
First names	_____	Title	_____
Postal address	_____	Home address	_____
	_____		_____
	_____		_____
Work address	_____	Phone: Home	_____
	_____	Work	_____
	_____	Cell	_____
	_____	Email address	_____

**E.) LEARNER MEDICAL INFORMATION****LEARNER'S DETAIL**

Medical aid:	_____
Medical aid number:	_____
Main member name:	_____
Main member ID no:	_____
Member postal address:	_____
	_____
	_____
Main member work number:	_____
Main member cell number:	_____

**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"/>		

**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**

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

Signature \_\_\_\_\_

Main Member

DATE

**G.) BROTHERS AND SISTERS**

Name	Date of Birth	Age	Grade	Name of 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.) AGREEMENT BETWEEN AMBERFIELD COLLEGE 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 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 the account will be handed over to debt collectors and I will be liable for the collection commission of 20%. The school also reserves the right to charge interest on all overdue accounts at a rate of 2% per month. The Registration fee is non-refundable. No learner with an outstanding balance for the previous year will be re-registered unless the outstanding balance is settled in full.

**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.

**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 may 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 lowest cost. 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.

**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's and calls made by the school.

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

\_\_\_\_\_ Signature      \_\_\_\_\_ Signature      \_\_\_\_\_  
 Father / Legal Guardian      Mother / Legal Guardian      o.b.o. Amberfield College  
 DATE      DATE      DATE

**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.**

**OFFICE USE**ACCEPTED ACCEPTED 

REMARKS

STUDENT NUMBER   
 GRADE & CLASS   
 YEARS IN GRADE ABOVE

DATE:  /  / 20**AUTHORISED BY**

\_\_\_\_\_  
 Signature

**AMOUNT PAID**R Receipt Number



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# Credit Check

Date: \_\_\_\_\_

**PERSON RESPONSIBLE FOR ACCOUNT:**

**LEARNER INFO:**

Surname	_____	Surname	_____
First names (in full)	_____	First names	_____
ID/Passport No.	_____	Gender	_____
		Grade and class	_____

Please supply us with the following information. This information will be handled confidentially, and will only be used for Amberfield College reference.

Please make sure this information reaches the school by either attaching it to this document, sending it electronically, faxing it to the school or sending it by post. The information must be clearly marked to be able to be identified by the school. The application cannot be processed without this information.

The following information will be: Attached  Mailed  Faxed  Posted

- Salary advice (latest)
- 1 x month bank statements (latest)
- 1 x credit reference (provide copy of latest statement) eg. Edgars, motorcar, credit card
- Water and lights account (latest)

5. Workplace \_\_\_\_\_  
Work tel no: \_\_\_\_\_ E-mail address: \_\_\_\_\_

6. Are you a home owner? Yes  No  Physical address of your home: \_\_\_\_\_  
7. Do you live in your own home? Yes  No  \_\_\_\_\_  
8. If not, do you rent a living space? Yes  No  \_\_\_\_\_  
House  Flat  Security estate  Other

9. Physical address of where you live \_\_\_\_\_  
\_\_\_\_\_

10. How long have you lived at this address? \_\_\_\_\_ if shorter than 6 months give previous address  
\_\_\_\_\_  
\_\_\_\_\_

11. If renting a living space, give contact details of owner.  
Name and Surname: \_\_\_\_\_  
Address: \_\_\_\_\_  
Contact no: \_\_\_\_\_

12. Are you insolvent or have you ever been insolvent? Yes  No

13. Have you ever been blacklisted? Yes  No

**MONTHLY HOUSEHOLD INCOME BEFORE TAX**

Less than R90 000	R90 001 R190 000	R190 001 R290 000	R290 001 R390 000	R390 001 R490 000	R490 001 R590 000	More than R590 000

**Office use:**

Full credit check done by: \_\_\_\_\_ Date: 

D	D	M	M	Y	Y	Y	Y
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