



**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		3X months proof of household income/salary advice	
Copy of study permit/asylum permit/refugee permit (if foreign)		Water and lights account (latest) or proof of residence	
Copy of learner's latest progress report		3X months bank statement	
Copy of learner's final progress report (once available)		Proof of registration fee payment	
Transfer document (once available)		Completed debit order form (Compulsory)	
Copy of learner's vaccination record (Pre-primary and foundation phase learners)		1X credit reference (provide copy of latest statement eg. Motor vehicle, credit card)	
Completed and signed school fee clearance certificate		Two recent colour photos of the learner (ID size)	
Copy of parent's/ legal guardian's ID document		Completed and signed aftercare form (if applicable)	

**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	_____
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**

<b>Father / Guardian</b>	Surname	_____	Title	_____	Initials	<input type="text"/>
	Firs names	_____	ID/Passport number	_____		
	Postal address	_____	Home address	_____		
		Postal code	<input type="text"/>		Postal code	<input type="text"/>
	Employer	_____	Phone: Home	<input type="text"/>		
	Occupation	_____	Work	<input type="text"/>		
Work address	_____	Cell	<input type="text"/>			
		Postal code	<input type="text"/>	Email address	_____	
		Postal code	<input type="text"/>	Relation to learner	_____	
<b>Mother / Guardian</b>	Surname	_____	Title	_____	Initials	<input type="text"/>
	First names	_____	ID/Passport number	_____		
	Postal address	_____	Home address	_____		
		Postal code	<input type="text"/>		Postal code	<input type="text"/>
	Employer	_____	Phone: Home	<input type="text"/>		
	Occupation	_____	Work	<input type="text"/>		
Work address	_____	Cell	<input type="text"/>			
		Postal code	<input type="text"/>	Email address	_____	
		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	_____
First names	_____	Title	_____ Initials <input type="text"/>
Postal address	_____	Home address	_____
	_____		_____ Postal code <input type="text"/>
Work address	_____	Phone: Home	<input type="text"/>
	_____	Work	<input type="text"/>
	_____	Cell	<input type="text"/>
		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 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 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 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.amberfieldcollege.co.za](http://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, failing which the account will be handed over to debt collectors and that I will be liable for the collection commission. No learner with an outstanding balance for the previous year will be re-registered unless the outstanding balance is paid in full. The school also reserves the right to charge interest on all overdue accounts at a rate of 1% per month. Should school fees be in arrears, the school reserves the right to deny learners access to aftercare, transport, trips and outings and school functions. School fees are payable annually in advance, but can be paid in monthly installments as published. Should a parent/guardian at any stage be in arrears with the monthly payment, the total fees for the year will immediately become payable. The school reserves the right to not accept a registration on the basis of affordability, academic and disciplinary record and incomplete application. Payment by debit order is compulsory. The school has the right to change reservation fee annually for current learners to reserve space for the following academic year.

**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 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 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. I also understand that this arrangement is necessary because it is sometimes difficult to get hold of parents to sign a letter of consent before a trip can take place. In such instances the child is unfairly prevented from attending a trip.

**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.

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

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

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

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

\_\_\_\_\_  
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       Website       Flyers       Signage boards       Info Boards

**OFFICE USE**

ACCEPTED       REJECTED

REMARKS

FAMILY CODE

GRADE & CLASS

YEARS IN GRADE ABOVE

**AUTHORISED BY**

Signature

DATE:      /      / 20

**AMOUNT PAID**

Receipt  
Number

R

Initials:



**AMBERFIELD**  
COLLEGE

**AMBERFIELD COLLEGE**

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# Credit Check

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

**PERSON RESPONSIBLE FOR ACCOUNT:**

**LEARNER INFO:**

Surname \_\_\_\_\_

First names \_\_\_\_\_

(in full) \_\_\_\_\_

ID/Passport No. \_\_\_\_\_

Surname \_\_\_\_\_

First names \_\_\_\_\_

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

1. 3 months Salary advice (latest)
2. 3 x months bank statements (latest).
3. 1 x credit reference (provide copy of latest statement) eg. Edgars, motorcar, credit card
4. 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

**ANNUAL HOUSEHOLD INCOME BEFORE TAX**

Less than R120 000	R120 001 R240 000	R240 001 R360 000	R360 001 R480 000	R480 001 R600 000	R600 001 R720 000	More than R720 000

I \_\_\_\_\_ (name) hereby consent to the carrying out of a credit check on my financial affairs by Amberfield College or it's Agents

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

**Office use:**

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

D	D	M	M	Y	Y	Y	Y
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Initials: \_\_\_\_\_



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:** \_\_\_\_\_