

Application	for	Admission	into	Grade:	(Mark with	an X
Application	101	Adiiiissioii	11110	Grauc.	(IVICIIX VVICI	ulla

Applicatio	n ior Aur	111551011 11	ito Grade	e: (IVIark WI	un an x)				
Gr 8	Gr 9	Gr 10	Gr 11	Gr 12					Please attach
Current So	urrent School and Highest Grade passed:								ID size photo of the learner in this space
Date (Yea	ır) from v	vhich adr	nission is	required:					

SECTION A: LEARNER'S INFORMATION

Surname:													
First Nam	es: (as	on birt	h certifi	icate)									
Called/Preferred Name:													
Identity Number													
Home Language:						Natio	nality:						
Gender:				F	Religion	/Denon	ninatio	n:				/ 7	
Race:		Asi	an	E	Black		Coloured Indian			Λ	White		
Medical c	onditio	ns:											
Medical A	.id:									/			
Doctor:							No.						
Learner's	Addres	s:											
Learner's	Cell Nu	mber:											
Home Tel	Home Telephone Number:												
Learner's Email Address: (if applicable)													
Emergeno	cy Num	ber:					Relation to Learner:						

LEARNER'S ACADEMIC PERFORMANCE

Please Note: A	A copy of learner	's latest end-of-	year school re	port MUST be attached	ed to this application.

Has the learner previously repeated a grade?	
If yes, which grade?	

LEARNER'S SUBJECT CHOICE (GRADES 10-12)

Subject (Choose one from each number, i.e. total of seven subjects)	х
1. English Home Language (Compulsory)	
2. Afrikaans First Additional Language (Compulsory)	
3. Life Orientation (Compulsory)	
4. Mathematics (Choose between Mathematics or Mathematical Literacy)	
4. Mathematical Literacy	
5. Physical Science (Choose between Physical Science or CAT)	
5. Computer Applications Technology	
6. Life Sciences (Choose between Life Sciences or Business Studies)	
6. Business Studies	
7. Accounting (Choose between Accounting, History or Tourism)	
7. History	
7. Tourism	

LEARNER'S EXTRA-CURRICULAR ACTIVITIES

Sport Activities:
Cultural Activities:
Leadership Positions:
Other:

SECTION B: FAMILY INFORMATION

Brothers or sisters currently at Ridgefield?							
Name:		Grade:					
Name:		Grade:					
Learner is currently living with?	Both Parents	Mother	Father	Guardian			
Marital status of parents?	Married	Single	Divorced	Other			
Parents deceased?	Both	Mother	Father				
Communication to?	Both	Mother	Father	Guardian			

FATHER'S DETAILS

							l				
Surname:							Titl	e:			
Full Name(s):											
Identity Number:											
Marital Status:	Status: Married Separated Divorced Single Re-Married Widowe				ved	Other					
Contact Information	Home: Cell:								7		
Email Address:									- 2		
Residential Address:											
Postal Address:								/			
							1				
Profession/Occupati	on:										
	Name:										
	Address:										
Employer:											
	Telephone	e No:									

MOTHER'S DETAILS

Surname:	Surname:									Title:					
Full Name	(s):														
Identity Number:															
Marital Sta	atus:		Married	l S	eparate	d	Divor	ced	S	Single	Re- Marr	ied	Widow	idowed Oth	
Contact In	formati	on	Home:						C	Cell:					
Email Add	ress:														
Residentia	l Addre	ss:													
Postal Add	dress:														
Profession	n/Occup	ation:													
		١	lame:												
		A	\ddress:												/
Employer:															
		T	elephor	ne No								7			
											-	/			

STEP FATHER/MOTHER DETAILS - If applicable

Surname:				Title:					
Full Name(s):									
Identity Number:									
Marital Status:	Married	ied Separated Divorce		Single	Re- Married	Widowed	Other		
Contact Information	Home:			Cell:	Cell:				
Email Address:									
Residential Addr	ess:								

Postal Address:		
Profession/Occ	unation	
Profession/Occ	upation:	
	NI .	
	Name:	
	Address:	
	1.44.0001	
Employer:		
Linployer		
	Telephone No.	

LEGAL GUARDIAN'S DETAILS – if applicable

Please attach certified copy of Guardian's ID documents

Surname:								Title:				
Full Name(s):												
Identity Number:				_								
Marital Status:	Married Separated			Divorced Sin		Single	:	Re- Married		Wid	owed	Other
Contact Information	Home: Cell:			•								
Email Address:												
Residential Address	S:			,								
Postal Address:							7					
Profession/Occupat	tion:											
	Name:											
	Address:											
Employer:												
	Telephon	e No.										

SECTION C: SCHOOL FINANCE

Please note that Ridgefield Academy is a private FEE-PAYING SCHOOL and that by enrolling your child in our school, you are accepting an obligation to contribute financially towards the education he/she receives.

Person responsible for the account:

Surname:								Ti	Title:					
Full Name(s):														
Relation to	Learn	er:												
Identity Number:														
Occupation:														
Contact Information: Home: Cell:							W	ork:						
Email Addre	ess:													

SCHOOL FEES 2024

Deposit:	R1500 (One Thousand Five Hundred Rand). Payable upon registration.
Fees 2024	R1950 per month (One Thousand Nine Hundred and Fifty Rand). Payable on or before the 7 th of every month over a 12-month period .
Text Book Fees:	Parents are responsible for purchasing their child's books. Please order timeously from our on-campus bookshop.
Banking Details:	Ridgefield Academy FNB Brandwag. Branch Code: 230534 Account No: 62737526072

Please note: It is our school's policy that should any learner fall behind in school fees, he/she will unfortunately not be able to attend until all the outstanding fees have been brought up to date. As this would be a most difficult situation for all concerned, we urge you to keep to your commitment to pay the fees so as to ensure that your child will have a happy, secure, and uninterrupted schooling career.

TERMS AND CONDITIONS	
I / We	the parent(s)
of	understand
that payment of school fees is obligatory and that I/we as which liability may be enforced by due process of law in t	•
I /We declare that I/we am/are in a financial position to p	ay the school fees as adopted and that

I /We declare that I/we am/are in a financial position to pay the school fees as adopted and that

payment is to be effected by one of the methods stipulated fees structure; both parents are jointly and severally liable for payment of	such scho	ol fees;	
should you no longer require our services, one full month's that in the event of the school being obliged to hand over outstanding school fees, I/we shall be liable for the legal co-collection of such outstanding fees on a scale as between a collection commission which the school may be obliged to	for collectionsts incurre attorney an	on thround d by the	ugh its attorneys any e school for the t, including such
DECLARATION, INDEMNITY AND WAIVER			
declare that all particulars furnished by me on this form are true a	nd correct.		
In my personal capacity and on behalf of the learner in my capacity Ensure that my child attends school regularly and should h reason, inform the school of that in writing; pay all costs incurred for damage done or losses caused by to take an interest in my child's school activities, academic	e/she be al	bsent fr o schoo	om school for any
to support Ridgefield's commitment to high standards of b support the school staff in providing quality opportunities;	ehaviour; t	o active	
to work closely with the Principal and educators in address to express your concerns openly within the school's structuand forthright manner.			
I will take responsibility for ensuring that my child is adequately ins related risks.	ured agains	st any p	ersonal injury or
will also ensure that any personal belongings are adequately insur	ed against	loss.	
I understand and agree that the school staff, assistants or helpers c injury or damage incurred howsoever or from whatsoever cause ar School and staff against any claims whatsoever related to my child.	ising. I inde		
Whilst my child is involved in school activities, I authorise the Princi loco parentis, including granting consent for medical treatment in t reasonable efforts to contact the learner's parents have been made	he case of a		•
I undertake to discuss the Ridgefield Academy Code of Conduct (see support the school in maintaining an orderly learning and teaching			n my child and to
support the solloof in maintaining an orderly rearning and teaching			
Mother / Guardian Father	er/ Guardia	n	
Date			
PLEASE INCLUDE THE FOLLOWING DOCUMENTATION WITH	YOUR AP	PLICAT	TON
Documentation:	,	Yes	Office use only

1. Certified copy of birth certificate or identity document of the applicant.	
2. Certified copy of identity document of each parent and/or guardian or debtor.	
3. Certified copy of passport, work permit, study permit, in the case of the applicant being a non-South African citizen.	
4. Copy of latest report from the applicant's present school. If the mid- year report is not available at the time of submission, the previous year's December report should be submitted and the mid-year report be forwarded as soon as this is available.	
5. An ID size, recent photograph of your son/daughter.	
6. Copy of Health profile/Vaccination record	
7. Copy of Medical Aid Card	

