

Application for Admission into Grade: (Mark with an X)

|      |      |       |       |       |
|------|------|-------|-------|-------|
| Gr 8 | Gr 9 | Gr 10 | Gr 11 | Gr 12 |
|------|------|-------|-------|-------|

Current School and Highest Grade passed:

Date (Year) from which admission is required:

Please attach  
ID size photo  
of the learner  
in this space

## SECTION A: LEARNER'S INFORMATION

|                                          |  |       |  |                        |  |          |  |                      |  |       |  |  |  |
|------------------------------------------|--|-------|--|------------------------|--|----------|--|----------------------|--|-------|--|--|--|
| Surname:                                 |  |       |  |                        |  |          |  |                      |  |       |  |  |  |
| First Names: (as on birth certificate)   |  |       |  |                        |  |          |  |                      |  |       |  |  |  |
| Called/Preferred Name:                   |  |       |  |                        |  |          |  |                      |  |       |  |  |  |
| Identity Number                          |  |       |  |                        |  |          |  |                      |  |       |  |  |  |
| Home Language:                           |  |       |  |                        |  |          |  | Nationality:         |  |       |  |  |  |
| Gender:                                  |  |       |  | Religion/Denomination: |  |          |  |                      |  |       |  |  |  |
| Race:                                    |  | Asian |  | Black                  |  | Coloured |  | Indian               |  | White |  |  |  |
| Medical conditions:                      |  |       |  |                        |  |          |  |                      |  |       |  |  |  |
| Medical Aid:                             |  |       |  |                        |  |          |  |                      |  |       |  |  |  |
| Doctor:                                  |  |       |  |                        |  |          |  | No.                  |  |       |  |  |  |
| Learner's Address:                       |  |       |  |                        |  |          |  |                      |  |       |  |  |  |
| Learner's Cell Number:                   |  |       |  |                        |  |          |  |                      |  |       |  |  |  |
| Home Telephone Number:                   |  |       |  |                        |  |          |  |                      |  |       |  |  |  |
| Learner's Email Address: (if applicable) |  |       |  |                        |  |          |  |                      |  |       |  |  |  |
| Emergency Number:                        |  |       |  |                        |  |          |  | Relation to Learner: |  |       |  |  |  |

## LEARNER'S ACADEMIC PERFORMANCE

Please Note: A copy of learner's latest end-of-year school report MUST be attached 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., a total of seven subjects) | X |
|------------------------------------------------------------------------|---|
| 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 or Tourism)                   |   |
| 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

|                        |               |           |          |        |            |         |       |  |  |        |  |  |  |
|------------------------|---------------|-----------|----------|--------|------------|---------|-------|--|--|--------|--|--|--|
| Surname:               |               |           |          |        |            |         |       |  |  | Title: |  |  |  |
| Full Name(s):          |               |           |          |        |            |         |       |  |  |        |  |  |  |
| Identity Number:       |               |           |          |        |            |         |       |  |  |        |  |  |  |
| Marital Status:        | Married       | Separated | Divorced | Single | Re-Married | Widowed | Other |  |  |        |  |  |  |
| Contact Information    | Home:         |           |          |        |            | Cell:   |       |  |  |        |  |  |  |
| Email Address:         |               |           |          |        |            |         |       |  |  |        |  |  |  |
| Residential Address:   |               |           |          |        |            |         |       |  |  |        |  |  |  |
| Postal Address:        |               |           |          |        |            |         |       |  |  |        |  |  |  |
| Profession/Occupation: |               |           |          |        |            |         |       |  |  |        |  |  |  |
| Employer:              | Name:         |           |          |        |            |         |       |  |  |        |  |  |  |
|                        | Address:      |           |          |        |            |         |       |  |  |        |  |  |  |
|                        | Telephone No: |           |          |        |            |         |       |  |  |        |  |  |  |

## MOTHER'S DETAILS

|                        |  |               |           |          |        |            |         |       |  |        |  |  |  |
|------------------------|--|---------------|-----------|----------|--------|------------|---------|-------|--|--------|--|--|--|
| Surname:               |  |               |           |          |        |            |         |       |  | Title: |  |  |  |
| Full Name(s):          |  |               |           |          |        |            |         |       |  |        |  |  |  |
| Identity Number:       |  |               |           |          |        |            |         |       |  |        |  |  |  |
| Marital Status:        |  | Married       | Separated | Divorced | Single | Re-Married | Widowed | Other |  |        |  |  |  |
| Contact Information    |  | Home:         |           |          |        |            |         | Cell: |  |        |  |  |  |
| Email Address:         |  |               |           |          |        |            |         |       |  |        |  |  |  |
| Residential Address:   |  |               |           |          |        |            |         |       |  |        |  |  |  |
| Postal Address:        |  |               |           |          |        |            |         |       |  |        |  |  |  |
| Profession/Occupation: |  |               |           |          |        |            |         |       |  |        |  |  |  |
| Employer:              |  | Name:         |           |          |        |            |         |       |  |        |  |  |  |
|                        |  | Address:      |           |          |        |            |         |       |  |        |  |  |  |
|                        |  | Telephone No. |           |          |        |            |         |       |  |        |  |  |  |

## STEP FATHER/MOTHER DETAILS - If applicable

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

|                        |               |
|------------------------|---------------|
| Postal Address:        |               |
| Profession/Occupation: |               |
| Employer:              | Name:         |
|                        | Address:      |
|                        | 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 | Single | Re-Married | Widowed | Other |  |        |  |  |  |
| Contact Information    |               | Home:   |           |          |        | Cell:      |         |       |  |        |  |  |  |
| Email Address:         |               |         |           |          |        |            |         |       |  |        |  |  |  |
| Residential Address:   |               |         |           |          |        |            |         |       |  |        |  |  |  |
| Postal Address:        |               |         |           |          |        |            |         |       |  |        |  |  |  |
| Profession/Occupation: |               |         |           |          |        |            |         |       |  |        |  |  |  |
| Employer:              | Name:         |         |           |          |        |            |         |       |  |        |  |  |  |
|                        | Address:      |         |           |          |        |            |         |       |  |        |  |  |  |
|                        | Telephone 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:             |  |  |  |       |  |  |  |       |  | Title: |  |       |  |
| Full Name(s):        |  |  |  |       |  |  |  |       |  |        |  |       |  |
| Relation to Learner: |  |  |  |       |  |  |  |       |  |        |  |       |  |
| Identity Number:     |  |  |  |       |  |  |  |       |  |        |  |       |  |
| Occupation:          |  |  |  |       |  |  |  |       |  |        |  |       |  |
| Contact Information: |  |  |  | Home: |  |  |  | Cell: |  |        |  | Work: |  |
| Email Address:       |  |  |  |       |  |  |  |       |  |        |  |       |  |

## SCHOOL FEES 2027

|                  |                                                                                                                                            |
|------------------|--------------------------------------------------------------------------------------------------------------------------------------------|
| Deposit:         | R1700 (One Thousand Seven Hundred Rand). Payable upon registration.                                                                        |
| Fees 2027        | R2700 per month (Two Thousand Seven Hundred Rand). Payable on or before the 7 <sup>th</sup> of every month over a <b>12-month period</b> . |
| Text Book Fees:  | Parents are responsible for purchasing their child's books. Please order timeously from our on-campus bookshop.                            |
| Banking Details: | Ridgefield Academy<br>FNB Brandwag. Branch Code: 230534<br>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 parents am/are liable for such school fees, which liability may be enforced by due process of law in the event of non-payment.

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 by the School contained in its policy of fees structure;

-  both parents are jointly and severally liable for payment of such school fees;
-  should you no longer require our services, one full month's notice fee is required;
-  that in the event of the school being obliged to hand over for collection through its attorneys any outstanding school fees, I/we shall be liable for the legal costs incurred by the school for the collection of such outstanding fees on a scale as between attorney and client, including such collection commission which the school may be obliged to pay to its attorneys.

## DECLARATION, INDEMNITY AND WAIVER

I declare that all particulars furnished by me on this form are true and correct.

In my personal capacity and on behalf of the learner in my capacity as parent/guardian I hereby agree to:

-  Ensure that my child attends school regularly and should he/she be absent from school for any reason, inform the school of that in writing;
-  pay all costs incurred for damage done or losses caused by my child to school property;
-  to take an interest in my child's school activities, academic and otherwise;
-  to support Ridgefield's commitment to high standards of behaviour; to actively and enthusiastically support the school staff in providing quality opportunities;
-  to work closely with the Principal and educators in addressing issues which affect your child;
-  to express your concerns openly within the school's structures in a loyal, supportive, constructive and forthright manner.

I will take responsibility for ensuring that my child is adequately insured against any personal injury or related risks.

I will also ensure that any personal belongings are adequately insured against loss.

I understand and agree that the school staff, assistants or helpers cannot be responsible for any losses, injury or damage incurred howsoever or from whatsoever cause arising. I indemnify and hold harmless the School and staff against any claims whatsoever related to my child.

Whilst my child is involved in school activities, I authorise the Principal (or appointed staff member) to act in loco parentis, including granting consent for medical treatment in the case of an emergency, once all reasonable efforts to contact the learner's parents have been made.

I undertake to discuss the Ridgefield Academy Code of Conduct (see Appendix A) with my child and to support the school in maintaining an orderly learning and teaching environment.

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

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

\_\_\_\_\_  
Date

## PLEASE INCLUDE THE FOLLOWING DOCUMENTATION WITH YOUR APPLICATION

| 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                                                                                                                                                                                                                                 |  |  |

