

rent School and Highest Grade passed:	ir 6	Gr 7			ID s of th	ise attach ize photo ne learner	
	∕lark w	vith an )			ID s of th	ize photo ne learner	
re (Year) from which admission is required: (N	/lark w	vith an X	<u> </u>			nis space	
e (rear) nom umon damission is required. (iv							
			·)				
ECTION A: LEARNER'S INFORMATION							
Surname:							
First Names: (as on birth certificate)							
Called/Preferred Name:							
dentity							
Number							
Home Language:		Natio					
Gender: Religion/E	Denon	omination:					
Race: Asian Black		Colou	red	Indian	_/	White	
Medical conditions:					1		
Medical Aid:							
Ooctor:		Conta	ct Num	ber:			
earner's Address:							
Home Telephone Number:							
mergency Number:		Relat	ion to I	earner:			
EARNER'S ACADEMIC PERFORMANCE							
ase Note: A copy of learner's latest end-of-yea	ar scho	ool repo	ort MU	ST be atta	ched to	this applicat	

If yes, which grade?

### 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:		1					1					
Marital Status:	Married	Sep	arated	Divo	rced	Single	Re- Ma	rried	Widow	ved	Other	
Contact Information	Home:					Cell:	•			$\angle$		
Email Address:												
Residential Address:												
Postal Address:												
Profession/Occupation	n:	3										
N	Name:											
Employer:	Address:											
Т	Telephone	No:										

## MOTHER'S DETAILS

Surname:		Title:											
Full Name(s):													
Identity Number:													
Marital Status:		Married	Sep	parated	Divor	ced	Sing	gle	Re- Married Widowed Oth				Other
Contact Informati	on	Home:					Cell	:					
Email Address:													
Residential Addre	ss:												
Postal Address:													
Profession/Occup	ation:												
	ı	Name:											
	,	Address:											/
Employer:													
	-	Telephon	e No.							7			
									-	7			

# STEP FATHER/MOTHER DETAILS - If applicable

Surnam	e:			Title:						
Full Name(s):										
Identity Number:										
Marital Status:	ital Status: Married		Divorced	Single	Re- Married	Widowed	Other			
Contact Information	Home:			Cell:						
Email Address:										
Residential Addr	ess:									

Postal Address:		
Profession/Occ	upation:	
	Name:	
	Address:	
Employer:		
Lilipioyer.		
	Telephone No.	\
	relephone No.	
LECAL CHARRI	AN'S DETAILS - if applicable	
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## Please attach certified copy of Guardian's ID documents

Surname:	Surname: Title:												
Full Name(s):													
Identity Number:													
Marital Status:	Married	Se	parated	Divo	orced	Single	!	Re- Married Widowed (					Other
Contact Information	Home:					Cell:							
Email Address:													
Residential Addres	ss:			(#Election									
Postal Address:							1						
Profession/Occupa	ation:												
	Name:												
	Address:												
Employer:													
	Telephor	ie 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:	Tit	Title:								
Full Name(s):										
Relation to Learner:										
Identity Number:										
Occupation:	·							·		
Contact Information: Home: Cell: Work:										
Email Address:										

### SCHOOL FEES 2025

`Registration:	R1500 (One Thousand Five Hundred Rand). Payable upon registration.
Fees 2025	Grade 1-5: R2900 per month (Two Thousand Nine Hundred Rand). Grade 6-7: R3350 per month (Three Thousand Three Hundred and Fifty Rand) Payable on or before the <b>7</b> <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.
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 that payment of school fees is obligatory and that I/w which liability may be enforced by due process of law I /We declare that I/we am/are in a financial position	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

<b>以</b>	payment is to be effected by one of the methods stipulated by the School contained in its policy 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 and 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.	
DECLA	ARATION, INDEMNITY AND WAIVER	
declare	e that all particulars furnished by me on this form are true and correct.	
n my po	ersonal 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 enthusiastics 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.	ally
will tal	ke responsibility for ensuring that my child is adequately insured against any personal injury or risks.	
will als	so ensure that any personal belongings are adequately insured against loss.	
njury o	stand and agree that the school staff, assistants or helpers cannot be responsible for any losses, or damage incurred howsoever or from whatsoever cause arising. I indemnify and hold harmless thand staff against any claims whatsoever related to my child.	ie
oco par	my child is involved in school activities, I authorise the Principal (or appointed staff member) to ac rentis, including granting consent for medical treatment in the case of an emergency, once all able efforts to contact the learner's parents have been made.	t ir
	take to discuss the Ridgefield Academy Code of Conduct (see Appendix A) with my child and to the school in maintaining an orderly learning and teaching environment.	
Mother	/ Guardian Father/ Guardian	

PLEASE INCLUDE THE FOLLOWING DOCUMENTATION WITH YOUR APPLICATION

Date

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		\

