



# RIDGEWAY COLLEGE

## Application for Admission

Tel: 015 151 0111  
[www.ridgewaycollege.co.za](http://www.ridgewaycollege.co.za)  
Email: [admin@ridgewaycollege.co.za](mailto:admin@ridgewaycollege.co.za)  
Leeu Street, Louis Trichardt  
PO Box 1705, 0920

Application for Admission to Ridgeway College in: Year \_\_\_\_\_ Term \_\_\_\_\_ Grade \_\_\_\_\_

Immigrant: YES NO

Today's Date: \_\_\_\_\_

**PLEASE COMPLETE THE FORM (X WHERE APPLICABLE) IN PRINT AND ATTACH THE FOLLOWING DOCUMENTS  
NEW APPLICATIONS WILL NOT BE ACCEPTED IF ALL THE RELEVANT DOCUMENTATION IS NOT INCLUDED**

Copy of the child's birth certificate	2 recent passport photographs
Copies of parents/guardians ID documents	Copy of the Medical Aid Card
A copy of the last school report	A non-refundable application fee of R150
Study permit for non-resident pupils	Report from an optician
Vaccination card (ECD)	

PHOTO

### PUPIL'S INFORMATION

FIRST NAME: \_\_\_\_\_ SURNAME: \_\_\_\_\_

PREFERRED NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

CURRENT SCHOOL: \_\_\_\_\_ CURRENT GRADE: \_\_\_\_\_ AGE: \_\_\_\_\_

HOME LANGUAGE: \_\_\_\_\_ NATIONALITY: \_\_\_\_\_

ID/PASSPORT NUMBER: \_\_\_\_\_ COUNTRY OF RESIDENCE: \_\_\_\_\_

STUDY PERMIT NUMBER: \_\_\_\_\_ (IF APPLICABLE) STUDY PERMIT EXPIRY DATE: \_\_\_\_\_

PUPIL'S EMAIL ADDRESS: \_\_\_\_\_ PUPIL'S CELLPHONE NUMBER: \_\_\_\_\_

RACE: \_\_\_\_\_ GENDER: MALE FEMALE

RELIGION: \_\_\_\_\_ NUMBER OF CHILDREN AND POSITION IN FAMILY: \_\_\_/\_\_\_

PUPIL LIVES WITH: BOTH PARENTS / MOTHER ONLY/ FATHER ONLY/ GRANDPARENTS/ GUARDIAN

FAMILY CURRENTLY AT RIDGEWAY COLLEGE: NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_

NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_

AFTERCARE REQUIRED (GRADE R – 3): YES / NO HOSTEL BOARDER / DAY SCHOLAR (PLEASE CIRCLE)

GRADE 8 TO 12 SECOND LANGUAGE CHOICE: AFRIKAANS/TSHIVENDA (PLEASE CIRCLE)

SCHOOL ACTIVITIES THE PUPIL PARTICIPATES IN: \_\_\_\_\_

LIST ANY LEADERSHIP POSITIONS OR AWARDS RECEIVED: \_\_\_\_\_

METHOD OF TRANSPORT: WALK/PRIVATE CAR/TAXI/BUS (PLEASE CIRCLE)

TRANSPORT COMPANY'S NAME AND DETAILS (WHERE APPLICABLE): \_\_\_\_\_

HOW FAR DOES THE PUPIL TRAVEL TO SCHOOL: 0-5KM/6-15KM/16-30KM/31-50KM/50KM OR MORE (PLEASE CIRCLE)



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### PUPIL CODE OF CONDUCT

The core of Ridgeway College, code of conduct for pupils is that we believe in encouraging learners to behave in a way, which does not interfere with the rights of others. These basic rights are those contained in the United Nations Declaration of Children's Rights and other rights generally recognized as being basic human rights:

#### *While at school, learners should*

- Behave in a way which brings credit to themselves and their family, the school and the community, by doing things like being kind and helpful, being polite, having good manners, greeting teachers, fellow learners, parents and visitors, being honest, standing up and looking at adults when they address them, stop and listen when a teacher calls, be presentably dressed and wear the school uniform with pride. Be a good advertisement for the school at all times.
- Endeavour to work hard, prepare for tests and exams, submit work on time in order to achieve academic success.
- Adhere to the school rules.
- Participates fully in the school programme and extra-curricular activities.
- Ensure that all work presented is your own.
- Behave in a sensible way, which does not endanger themselves or others.
- Behave in a way, which respects the basic rights of others by doing things such as treating others with respect and respecting the right of others to be different.
- Behave in a way, which is designed to look after the environment, the school and the property and equipment, including their own.
- Behave in a way which ensures the smooth running of the school and which ensures that the learner makes the most of their right to learning. This means that, in general the learner shall behave appropriately.

If you do not comply with the Code of Conduct, disciplinary measures will be taken.

I declare that I have read and accept the Code of Conduct for pupils.

**PUPIL'S NAME AND SURNAME:** \_\_\_\_\_

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

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



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### PREVIOUS SCHOOL INFORMATION

NAME OF SCHOOL: \_\_\_\_\_ PRINCIPALS NAME AND SURNAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ TELEPHONE NUMBER: \_\_\_\_\_

POSTAL ADDRESS: \_\_\_\_\_

### LIST OF SCHOOLS ATTENDED AND REASON FOR LEAVING: (PLEASE LEAVE OPEN IF NOT APPLICABLE)

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

### PUPILS MEDICAL INFORMATION

NAME OF MEDICAL AID SCHEME: \_\_\_\_\_

MEDICAL AID NO: \_\_\_\_\_ NAME OF PRIMARY MEMBER: \_\_\_\_\_

NAME OF DOCTOR: \_\_\_\_\_ DOCTOR'S TEL NUMBER: \_\_\_\_\_

ALLERGIES: \_\_\_\_\_

ILLNESSES: \_\_\_\_\_

ROUTINE/ CHRONIC MEDICATION: \_\_\_\_\_

PREFERRED HOSPITAL: \_\_\_\_\_

IDENTIFIED BARRIERS TO LEARNING: \_\_\_\_\_

(ANY IDENTIFIED BARRIERS TO LEARNING e.g. ADHD)

REASON IF PUPIL CANNOT PARTICIPATE IN SPORT ACTIVITIES: \_\_\_\_\_

RECENT INJURIES: \_\_\_\_\_

LIST OF MEDICAL REPORTS: (e.g. medical reports, occupational and speech therapist, psychologist)

Please attached to document: \_\_\_\_\_

### EMERGENCY CONTACT DETAILS

RELATIONSHIP TO PUPIL: \_\_\_\_\_ TITLE: MR / MRS / MISS

FIRST NAMES: \_\_\_\_\_ SURNAME: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ cell \_\_\_\_\_ work \_\_\_\_\_ home



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### PARENT/GUARDIAN INFORMATION

RELATIONSHIP TO PUPIL: \_\_\_\_\_ TITLE: MR / MRS / MISS  
FIRST NAMES: \_\_\_\_\_ SURNAME: \_\_\_\_\_  
ID/PASSPORT NUMBER: \_\_\_\_\_ RACE: \_\_\_\_\_  
TELEPHONE NO: \_\_\_\_\_ cell \_\_\_\_\_ work \_\_\_\_\_ home \_\_\_\_\_  
EMAIL ADDRESS: \_\_\_\_\_  
OCCUPATION: \_\_\_\_\_ EMPLOYER: \_\_\_\_\_  
IF SELF EMPLOYED - NAME OF BUSINESS: \_\_\_\_\_  
TYPE OF BUSINESS: \_\_\_\_\_  
HOME ADDRESS: \_\_\_\_\_ POSTAL ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
MARITAL STATUS: MARRIED / DIVORCED / SINGLE / WIDOWED

### PARENT/GUARDIAN INFORMATION

RELATIONSHIP TO PUPIL: \_\_\_\_\_ TITLE: MR / MRS / MISS  
FIRST NAMES: \_\_\_\_\_ SURNAME: \_\_\_\_\_  
ID/PASSPORT NUMBER: \_\_\_\_\_ RACE: \_\_\_\_\_  
TELEPHONE NO: \_\_\_\_\_ cell \_\_\_\_\_ work \_\_\_\_\_ home \_\_\_\_\_  
EMAIL ADDRESS: \_\_\_\_\_  
OCCUPATION: \_\_\_\_\_ EMPLOYER: \_\_\_\_\_  
IF SELF EMPLOYED - NAME OF BUSINESS: \_\_\_\_\_  
TYPE OF BUSINESS: \_\_\_\_\_  
HOME ADDRESS: \_\_\_\_\_ POSTAL ADDRESS: \_\_\_\_\_  
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### CODE OF CONDUCT FOR PARENTS

The Ridgeway College expects parents and guardians:

- To familiarize themselves with the rules, policies and procedures of the school.
- To ensure their children adhere to the dress code.
- To pay school fees by due date.
- To support their children in their academic endeavors by making time for homework and school projects.
- To avoid requests for leave for children during term time, except in the case of an emergency.
- To avoid visiting classrooms during teaching periods as it breaks concentration, disrupts classes, and can cause embarrassment for the child.
- To support their children in their extra-mural endeavors by supporting them at sporting events, and other activities.
- To encourage their children to get involved in all school activities and supporting them when necessary.
- To treat teachers, staff, children and other parents with the same respect and consideration with which they expect to be treated.
- To follow the correct grievance procedure if they have a complaint of any description, and to make appointments with teachers through the correct channels.
- To be loyal to our school at all times.
- To attend meetings at the school when requested to do so.
- Maintain high moral and ethical standard when visiting the school grounds or attending activities.
- Show courtesy and respect towards all staff, learners or visitors to the school.
- Read all communication sent out by the school and acknowledge or submit return slips where required.

Parents who flagrantly disregard this code may be required to stay off school property other than to drop off or collect children. In extreme case such parents may be asked to remove their children from the school.

I declare that I have read and accept the Code of Conduct for parents.

SIGNED AT \_\_\_\_\_ ON THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 20\_\_

\_\_\_\_\_

**Father's Signature**

\_\_\_\_\_

**Mother's Signature**



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### FINANCIALS

#### Financial Clearance Certificate (To be completed by student's present school)

Name of person responsible for fee payment: \_\_\_\_\_

ID Number of person responsible for fee payment: \_\_\_\_\_

Name of school where student is currently enrolled: \_\_\_\_\_

Annual fees for \_\_\_\_\_ (year) R \_\_\_\_\_

Fees paid to date R \_\_\_\_\_

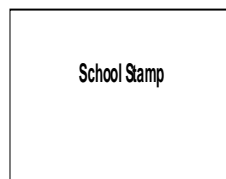
Fees outstanding R \_\_\_\_\_

Comment: \_\_\_\_\_

This is to certify that the above person has paid the school fees as indicated

\_\_\_\_\_  
Name of Head/Bursar

\_\_\_\_\_  
Signature of Head/Bursar



\_\_\_\_\_  
Date

*This clearance certificate has been approved by ISASA for use amongst member schools.*

**I understand that enrolment is contingent upon financial clearance from the previous school. Therefore, and in line with the school's current privacy policies pertaining to the processing of personal and credit information in accordance with the National Credit Act No. 34 of 2005 ("NCA") and the Protection of Personal Information No. 4 of 2013 ("POPIA"), I authorise that my credit information may be processed only for purposes of obtaining financial clearances as stated hereinabove.**

Parent 1	Parent 2	Third Party



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FULL NAMES OF THE PERSON RESPONSIBLE FOR FEES: \_\_\_\_\_

ID/PASSPORT NUMBER: \_\_\_\_\_ TELEPHONE NO: \_\_\_\_\_

### METHOD OF PAYING THE SCHOOL FEES: EFT / DEBIT ORDER/DIRECT DEPOSIT

Please note that any cash payments will result in a cash deposit fee

Unpaid debit orders will result in unpaid debit order fee.

I confirm that school fees will be paid in advance before the 4<sup>th</sup> of each month.

### IF NOT ONE OF THE ABOVE PARENTS/GUARDIANS, PLEASE COMPLETE THE FOLLOWING AND ATTACH PROOF OF IDENTIFICATION:

RELATIONSHIP OF PUPIL: \_\_\_\_\_ TITLE: MR / MRS / MISS

FIRST NAMES: \_\_\_\_\_ SURNAME: \_\_\_\_\_

ID/PASSPORT NUMBER: \_\_\_\_\_ TELEPHONE NO: \_\_\_\_\_

MARITAL STATUS: MARRIED / DIVORCED / SINGLE/ WIDOWED

### Affordability

I confirm that I am in a sound financial position and can afford the fees as set out in the current fee structure.

### Consent for credit checks

By my signature hereto I accept that Ridgeway College reserves the right to conduct appropriate credit checks and hereby consent to such checks being done with one or more credit bureau in order to consider and process this application.

### Payment of Fees

I understand that should my child be accepted that I will be liable for all fees payable in accordance with the school's debtors policy. I confirm that I am in a sound financial position and can afford the fees as set out in the current fee structure. Furthermore, I understand that a terms written notice is required for the withdrawal of my child or a terms fees payable in lieu of notice

Signed at \_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Witness



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### DEBIT ORDER INSTRUCTION

I understand that RC Education's preferred method of payment is by debit order and hereby authorize RC Education to deduct the current balance owing on my account, monthly, by debit order from the following bank account:

Bank \_\_\_\_\_  
Branch \_\_\_\_\_  
Branch Code \_\_\_\_\_  
Account Name \_\_\_\_\_  
Account Number \_\_\_\_\_  
Type of Account \_\_\_\_\_  
(savings/current/transmission)

The debit order is to go off on the \_\_\_\_ 25<sup>th</sup>, \_\_\_\_ 28<sup>th</sup>, \_\_\_\_ 1<sup>st</sup> or the \_\_\_\_ 4<sup>th</sup> of each month  
(please put a cross next to the date that is most suitable for you)

### Conditions:

1. I acknowledge that all payment instructions issued by you shall be treated by my bank as if the instruction had been issued by me personally.
2. Should the debit order payment for a month be rejected, a double payment for the next month may be charged as well as banking fees for the rejected payment.
3. If a debit order is rejected for the second time, it will not be offered for payment again and I understand that I am liable for the full school fee and the costs thereof.
4. This authorisation may be cancelled by giving RC Education 30 days written notice, and I agree that I am not entitled to any refunds of money withdrawn while this authorisation was effective to the extent that the money was legally owed to the School.
5. I hereby agree that the party authorised to make withdrawals against my account, may not transfer or cede any of their rights to a third party without my written consent and I that I may not delegate any of my obligation in terms of this contract to a third party without the written consent of the authorised party

SIGNED AT \_\_\_\_\_ ON THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 20\_\_

\_\_\_\_\_  
Account Holder Signature

\_\_\_\_\_  
Witness Signature





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### DECLARATION BY PARENTS/GUARDIAN

- The information furnished by me on this form is true and correct.
- I undertake to inform the school if any of the above information may change.
- I agree with and subscribe to the school's rules, norms and ethos.
- I give full permission for my child to participate in extra-curricular activities.
- I accept the Executive Head/Principal or his / her representative as guardian if necessary.
- I confirm that all medical information supplied in the Learner Information section of this form is accurate and complete. This information may be used in case of an emergency.
- I understand that if my child is accepted that I will still be liable for all fees payable in accordance with the school's debtors policy, even if I have indicated that the fees will be paid by a third party.
- I agree to make sure that all fees due are paid on or before the due date.
- I agree to give a terms written notice of withdrawal of my child or to pay a terms fees in lieu of notice if the proper notice is not given.
- I have received a school policy booklet and agree to abide by the policies therein.
- I hereby confirm that the school is allowed to use imagery of my child in any publication, in any format.

SIGNED AT \_\_\_\_\_ ON THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 20\_\_

\_\_\_\_\_  
Father's Signature

\_\_\_\_\_  
Mother's Signature

#### FOR OFFICE USE ONLY

APPLICATION CHECKED AND PROCESSED BY: \_\_\_\_\_

#### DOCUMENTS SUBMITTED:

- VACCINATION CARD (ECD) \_\_\_\_\_
- ID DOCUMENT/BIRTH CERTIFICATE OF PUPIL: \_\_\_\_\_
- LATEST SCHOOL REPORT CARD: \_\_\_\_\_
- 2 X PASSPORT PHOTOS: \_\_\_\_\_
- COPY OF MEDICAL AID CARD: \_\_\_\_\_
- REPORT FROM AN OPTICIAN: \_\_\_\_\_
- BOTH PARENTS COPY OF ID: \_\_\_\_\_

DESK FEE PAID ON: \_\_\_\_\_ (date)

RECEIPT NUMBER: \_\_\_\_\_

AMOUNT PAID: R \_\_\_\_\_

APPLICATION SUCCESSFUL: YES/NO

IF NOT SUCCESSFUL, STATE REASON: \_\_\_\_\_

\_\_\_\_\_