



APPLICATION FORM

Applicant

Preferred name: ID number:

Name in full:

Date of birth: Nationality:

Year of entry: Grade to be entered: **A copy of the birth certificate should be faxed to 086 299 1964 or e-mailed to admin@ridgeschool.co.za**

Parent 1 / Guardian Details

Full name:

ID number:

Occupation:

Residential address:

Code:

Postal address:

Code:

Email:

Contact numbers:

Res:

Bus:

Cell:

Parent 2 / Guardian Details

Full name:

ID number:

Occupation:

Residential address:

Code:

Postal address:

Code:

Email:

Contact numbers:

Res:

Bus:

Cell:

Parents' marital status: Married Living apart Divorced Re-married Single parents Other

Please indicate which parent the child lives with: Mother Father Other

Home language: Other languages:

Father/brothers at The Ridge:

Where did you hear about The Ridge?

Previous schools attended:

Any additional information you may wish to provide:

(Please inform the school immediately of any changes in your details.)

I, the undersigned, undertake:

- a) to pay all school fees, as fixed by the Board of Governors from time to time, termly in advance, and I undertake to pay interest on all school fees not paid in advance at the rate fixed by the Board at its discretion;
- b) to give a full term's notice in writing or, in lieu thereof, to pay a full term's fees before removing my son from The Ridge;
- c) to allow the School to collect, store and process credit information about me/us and any third party or divorced or separated parent responsible for payment of any or all amounts comprised in the fees;
- d) to accept the Christian ethos of the School and abide by the principles and values as outlined in the school policy documents.

Signature of parents or guardian: Date:

This form should be completed and returned to the Headmaster's PA at the earliest opportunity, together with the registration fee of:

R: Fee paid Date: Receipt #: