



# ASHBURY COLLEGE

## APPLICATION FOR ADMISSION

**Address:** 69 Von Broembsen Rd, Fairleads, Benoni  
**Telephone:** 010 035 0946  
**Email:** info@ashburycollege.co.za

Grade:    
 Year:

### DOCUMENTS / INFORMATION REQUIRED

Copy of birth certificate / ID document		Latest month's proof of household income/ salary advice	
Copy of study permit/refugee permit (if foreign)		Water & lights account (latest) or proof of residence	
Copy of learner's latest progress report - (Grade 1-7)		3 x months bank statements	
Copy of parents/legal guardian's ID document		Two recent colour photos of the learner (ID size)	
Copy of responsible person's ID document		Application form completed in full (Sections A - J)	
Transfer document (once available)		Annexure A - Consent to sharing of personal information	
Copy of vaccination record (Pre-primary & Foundation Phase)		Annexure C - Debit order instruction form	
Copy of Medical Aid card (Front and Back)			

### A.) LEARNER'S DETAILS

Admin number (office use) _____	Grade and class (applied for) _____
Surname _____	Home Language _____
First names (in full) _____	Religion _____
Preferred Name _____	Country of birth (if not SA) _____
ID/Passport no. _____	Ethnic group _____
Learner cell no. _____	Signature - Father _____
Gender Male <input type="checkbox"/> Female <input type="checkbox"/>	Signature - Mother _____

Means of transport to/from school: Motor vehicle  Bus  Taxi  Walk   
 Distance from home to school: \_\_\_\_\_ Telephone number of Transporter: \_\_\_\_\_

### B.) LEARNER'S EDUCATIONAL DETAILS

Current school: \_\_\_\_\_ Telephone no: (current school) \_\_\_\_\_  
 Last grade passed: \_\_\_\_\_ Year: \_\_\_\_\_ Grade/s repeated: (if any) \_\_\_\_\_  
 Has admission to any other school/s ever been refused? If yes, please state reason. \_\_\_\_\_  
 \_\_\_\_\_  
 Have you as parent/guardian been called to school for discipline issues? If yes, please state reason \_\_\_\_\_  
 \_\_\_\_\_

### C.) FAMILY DETAILS

<b>Father / Guardian</b>	Surname _____	Title _____	Initials <input type="text"/> <input type="text"/>
	First names _____	ID/Passport number _____	
	Home address _____	Postal address _____	
	Postal code <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Phone: Home _____	
	Employer _____	Work _____	
	Occupation _____	Cell _____	
Work address _____	WhatsApp number _____		
	Email address _____		
	Relation to learner _____		
<b>Mother / Guardian</b>	Surname _____	Title _____	Initials <input type="text"/> <input type="text"/>
	First names _____	ID/Passport number _____	
	Home address _____	Postal address _____	
	Postal code <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Phone: Home _____	
	Employer _____	Work _____	
	Occupation _____	Cell _____	
Work address _____	WhatsApp number _____		
	Email address _____		
	Relation to learner _____		

**D.) MARITAL STATUS OF PARENTS**

Married  Divorced/Seperated  Married but live apart  If Divorced/Separated - Children in custody of  
 Widow  Widower  Single  Mother  Father  or Both

**E.) PERSON RESPONSIBLE FOR ACCOUNT**

Please note that parents will be held jointly and severally liable for the account even if the account is paid by a third party / bursar.

Surname	_____	ID/Passport number	_____
First names	_____	Title	Initials <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Postal address	_____	Home address	_____
	_____	WhatsApp number	_____
	_____	Postal code	_____
Work address	_____	Phone: Home	_____
	_____	Work	_____
	_____	Cell number	_____
	_____	Email address	_____

**F.) LEARNER MEDICAL INFORMATION**

Medical aid: \_\_\_\_\_  
 Medical aid number: \_\_\_\_\_  
 Main member name: \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
 Main Member of Medical Aid

**HAS THE LEARNER EVER HAD ANY OF THE FOLLOWING DISEASES?**

German measles	<input type="checkbox"/>	Mumps	<input type="checkbox"/>
Measles	<input type="checkbox"/>	Diphtheria	<input type="checkbox"/>
Chicken pox	<input type="checkbox"/>	COVID -19	<input type="checkbox"/>

**HAS THE LEARNER EVER BEEN TREATED FOR THE FOLLOWING?**

TB	<input type="checkbox"/>	Ulcer	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	Migraine	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	Tonsils	<input type="checkbox"/>
Epilepsy	<input type="checkbox"/>	Heart disease	<input type="checkbox"/>

**IS THE LEARNER ON ANY CHRONIC MEDICATION? PLEASE SPECIFY**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**DOES THE LEARNER HAVE ANY ALLERGIES? PLEASE SPECIFY**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**HAS THE LEARNER EVER HAD ANY OPERATIONS? PLEASE SPECIFY**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**G. BROTHERS AND SISTERS**

Name	Date of Birth	Age	Grade	Name of School or Institution
1				
2				
3				

**H.) DETAILS OF ALTERNATIVE CONTACTS IN THE CASE OF EMERGENCY (OTHER THAN IN SECTION C & D)**

Surname: _____	Surname: _____
First names: _____	First names: _____
Address: _____	Address: _____
Tel (h): _____ Tel (w): _____	Tel (h): _____ Tel (w): _____
Cell number: _____	Cell number: _____
Email address: _____	Email address: _____
Relation to learner: _____	Relation to learner: _____

**I.) AGREEMENT BETWEEN ASHBURY COLLEGE AND THE UNDERSIGNED**

<p><b>1. Declaration and Undertaking:</b> I declare that the particulars furnished on this form are true and correct, and I undertake to comply with the rules, regulations, decisions and policies of the school, and any amendments thereto, which may be applicable to learners and parents in general. I declare that I have perused the applicable school rules and policies and understand the contents thereof and accept it as binding on myself and the learner concerned.</p>	Initial Here
<p><b>2. School Fees:</b> I declare that my child is attending a private institution which relies on the regular monthly payment of school fees as stipulated in this agreement. I consent to an affordability check and sharing of my personal information with a third party for the purpose of arrears/legal debt collection. I understand that non-payment of school fees is a breach of the agreement.</p> <p>I have taken note of the school fees as published and available from the school office. I have read, understood, and accept the financial policy of the school. I accept full responsibility for all amounts due to the school and I agree to pay the school fees strictly according to due dates, failing which the account will be handed over to debt collectors and that I will be liable for the collection costs.</p> <p>No learner with an outstanding balance for the previous year will be re-registered unless the outstanding balance is paid in full. Should school fees be in arrears, the school reserves the right to deny learners access to aftercare, transport, trips and excursions and school functions. School fees are payable monthly in advance, on or before the 7th of each month.</p> <p>The school reserves the right to not accept a registration based on affordability, academic and disciplinary record and incomplete application. Payment by debit order is the mandatory method of payment. The school has the right to change re-registration fee annually for current learners to reserve space for the following academic year.</p>	Initial Here
<p><b>3. Indemnity:</b> I hereby give permission that he/she may attend any excursion organised by the school with the permission of the principal. I understand that he/she will sometimes have to travel by bus or taxi to different venues of educational value. These trips will have to be paid for when organised. The school will use the best transport available at the lowest cost. I accept that the school will take the necessary precautions to ensure the safety of my child. I will, however, not hold the school responsible in case of an accident, loss of limb or life, or any other damages to her/his person or property. I also understand that this arrangement is necessary because it is sometimes difficult to get hold of parents to sign a letter of consent before a trip can take place. In such instances the child is unfairly prevented from attending a trip.</p>	Initial Here
<p><b>4. Ashbury College Values:</b> I undertake to uphold the values of the school whenever I am involved in school related functions or activities. I will also be available to attend parents' meetings and functions to support the education of my child.</p> <p>I will respond timeously to letters, e-mails, SMS, and calls made by the school. I undertake to keep all personal contact details always updated.</p>	Initial Here

Please note that registration is only confirmed when the application has been authorized by the school principal. The applicant will receive a letter if they have not been accepted for final admission to the school.

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

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

\_\_\_\_\_  
o.b.o. ASHBURY COLLEGE

Date: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

**OFFICE USE**

ACCEPTED

REJECTED

REMARKS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

FAMILY CODE: \_\_\_\_\_

GRADE & CLASS: \_\_\_\_\_

YEARS IN GRADE ABOVE: \_\_\_\_\_

DATE: \_\_\_\_\_ / \_\_\_\_\_ / 20\_\_\_\_

**AUTHORISED BY**

Signature

**AMOUNT PAID**

R \_\_\_\_\_

Receipt Number

Payment method: Cash  Card  Debit Order  EFT



## CONSENT TO SHARING OF PERSONAL INFORMATION

### CONSENT TO SHARING OF PERSONAL INFORMATION

The parent/guardian and/or debtor by signing this document, hereby consents to the use of their and / or the child's personal information contained herein and that:

- The Parents acknowledge that they have read the contents of the Privacy Policy, available at the school or on the school's website, and consent to abide with the terms and conditions contained therein. The school specifically draws the Parents' attention to the Personal Information we will collect, how we will collect the information and how the information collected will be used, as contained in section 35 (thirty-five) of the Protection of Personal Information, Act 4 of 2013.
- The Parents acknowledge that informal photographs may be taken of the Learners and/or the Parents at various school events or whilst on the School Premises and that insofar as these photographs are placed in the possession or control of the school these photographs might be used by the school in the electronic or printed media such as websites, newspapers, advertisements, magazines, and various other sources. The Parents' consent to the use of the photographs as mentioned in this clause.
- Neither the School nor any of their managers, representatives, staff members, other employees, and/or director of the school, will be liable for any loss or damage that either the Parents or any Learner suffer as a result of the school furnishing any opinion or making any statement or disclosure of information if carried out in accordance with the provisions of the Privacy Policy.
- The school undertakes to exercise reasonable care with a view to ensuring that the provision of any information concerning a Learner is accurate, and any opinion given regarding a Learner's ability, aptitude and character is fair.
- The Parent hereby provides its consent to the school to distribute the Parents' names and contact details to any other responsible persons authorised or delegated by the School for any School related purpose.
- The Parent has the right to request a copy of the Personal Information the School holds.
- The school specifically draws the Parents' attention to the PAIA Manual available at the school or on the school's website, on the process to update, correct and or delete personal information.

1. Full names of parent/guardian: \_\_\_\_\_

Relation to the learner: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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2. Full names of person responsible for the account: \_\_\_\_\_

Relation to the learner: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_





# ASHBURY COLLEGE

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Annexure C

## ELECTRONIC PAYMENT INSTRUCTION (DEBIT ORDER)

### Debit Order Supporting Documents:

Latest Salary advice/Pay slip | 3 Month's Bank Statement

FAMILY CODE / REFERENCE	
DEBTOR NAME	
DEBTOR ADDRESS	

Dear Sir / Madam,

My bank account details are as follows:

NAME OF ACCOUNT HOLDER			
BANK NAME			
BANK ACCOUNT NUMBER		BANK BRANCH NUMBER	
BANK BRANCH NAME			
TYPE OF ACCOUNT			
INSTALLMENT AMOUNT TO BE DEDUCTED (R)		DEBTORS PAY DATE:	
DATE FIRST INSTALLMENT SHOULD BE DEDUCTED		INTERVAL OF DEDUCTIONS:	MONTHLY:
DATE LAST INSTALLMENT SHOULD BE DEDUCTED		NUMBER OF DEDUCTIONS:	
INSCRIPTION ON BANK STATEMENT OF PAYER (this will be the name appearing on your bank account)	ASHBURYCOL	Underlying Agreement Reference	

I hereby authorize Ashbury College to issue and deliver a debit order payment instruction to your banker for collection against my above-mentioned account and Bank indicated above, on condition that the sum of each payment instruction and frequency of payment requests will never exceed the obligations as agreed and defined in the School Fee Agreement specified.

I can only service the obligations defined in here if the payment instructions are executed as close as possible to when I receive my salary or wages which dates vary from month to month, especially during December of each year. To curb against (1) unpaid bank charges (2) losing the benefits described in the agreement quoted (3) incurring penalties due to non-payment, I explicitly authorise Ashbury College to utilise the functionality of Tracking supported on the Authenticated Collections or DebiCheck Payment Stream. Tracking supported on the Authenticated Collections or DebiCheck Payment Stream has been explained to me and I acknowledge that my above- mentioned account will be interrogated for a defined period until this period has lapsed or until payment was received.

I hereby agree that subsequent payment instructions will continue to be delivered in terms of this authority until all obligations have been paid. This authorization will remain in force until canceled by me in writing. I hereby acknowledge that my bank will charge fees to my account as agreed with them once they process this instruction. I hereby agree and undertake to notify Ashbury College should I change my bank account or pay date stated above.

This done at: \_\_\_\_\_ in the presence of the undersigned witness(es), on this the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

\_\_\_\_\_  
NAME OF ACCOUNT HOLDER

\_\_\_\_\_  
SIGNATURE OF ACCOUNT HOLDER

\_\_\_\_\_  
NAME OF WITNESS ONE

\_\_\_\_\_  
NAME OF WITNESS TWO

\_\_\_\_\_  
SIGNATURE OF WITNESS ONE

\_\_\_\_\_  
SIGNATURE OF WITNESS TWO