# ARMOUR FOUNDATION
## SCHOOLS

AFPS - Tanganani: 079 057 3169

AFLI - Thembisa: 082 851 6938

info@armourfoundation.co.za

Registration No: 202422521008


# ENROLMENT APPLICATION FORM – 2027

Please complete this form in full and print clearly. Submission of this application does not automatically guarantee admission.

| SCHOOLS | LOCATION | SELECT |
|---|---|---|
| **AFPS Tanganani** | Plot 97, William Nicol Drive, Tanganani, Riverside, 2189 | ☐ |
| **AFLI Thembisa** | 303 Castle Block, Vusimuzi, Thembisa, 1632 | ☐ |

## PART A: REGISTRATION REQUIREMENTS

Please ensure that the following documents are submitted with this application:

- ■ Most recent school report
- ■ Copy of parent's/guardian's South African ID or valid identification document
- ■ Once-off, non-refundable registration application fee of R800.00
- ■ Copy of the learner's birth certificate
- ■ Transfer letter, where applicable

## PART B: LEARNER INFORMATION

| | |
|---|---|
| **Learner's Surname** | **Learner's First Name(s)** |
| **Identity / Passport Number** | **Date of Birth (DD/MM/YYYY)** |
| **Age** | **Sex** |
| **Nationality** | **Race (optional)** |
| **Religion (optional)** | **Home Language** |
| **Residential Address** | **Postal Code** |
| **Previous School** | **Previous School Address** |
| **Language of Learning at Previous School** | **Grade Applying For** |

**Grade R applicants only:** Has the learner attended any formal or informal education previously? ■ Formal ■ Informal ■ None

**Please provide details of any health conditions, allergies or special educational needs the school should be aware of:**

## PART C: LEARNER MEDICAL INFORMATION

| | |
|---|---|
| **Medical Aid Name** | **Medical Aid Number** |
| **Main Member's Name** | **Main Member's Relationship to Learner** |
| **Family Doctor / Medical Practice** | **Doctor's Telephone Number** |
| **Doctor's Address** | **Emergency Contact Person & Number** |
| **Does the learner have any physical disability, medical condition, allergy or special requirement? If yes, please provide details:** | |

Dexterity: ■ Right-handed ■ Left-handed ■ Ambidextrous

**Social Grant Information (if applicable)**

Is the learner registered for a social grant? ■ Yes ■ No Does the learner currently receive a social grant? ■ Yes ■ No

## PART D: SIBLINGS

Number of children currently enrolled at the school: _____

| No. | Name and Surname | Grade |
|---|---|---|
| 1 | | |
| 2 | | |
| 3 | | |
| 4 | | |
| 5 | | |
| 6 | | |

## PART E: PARENT / GUARDIAN INFORMATION

**Parent / Guardian 1**

| | |
|---|---|
| **Full Name and Surname** | **Relationship to Learner** |
| **Identity Number (attach copy)** | **Cellphone Number** |
| **Email Address** | **Marital Status** |
| **Residential Address** | **Employer** |
| **Work Address** | **Occupation** |
| **Employment Status: ■ Permanent ■ Temporary ■ Self-employed ■ Other** | **Work Telephone Number** |

**Parent / Guardian 2 / Spouse (where applicable)**

| | |
|---|---|
| **Full Name and Surname** | **Relationship to Learner** |
| **Identity Number (attach copy)** | **Cellphone Number** |
| **Email Address** | **Marital Status** |

| | |
|---|---|
| **Residential Address** | **Employer** |
| **Work Address** | **Occupation** |
| **Employment Status: ■ Permanent ■ Temporary ■ Self-employed ■ Other** | **Work Telephone Number** |

**Learner resides with:** _____

## PART G: GENERAL TERMS AND CONDITIONS

**1.** School fees are payable monthly in advance over 12 months, with payment due on or before the 3rd day of each month.

**2.** Where school fees remain unpaid, the school may take appropriate steps in accordance with its policies and applicable law.

**3.** Parents/guardians who withdraw a learner remain responsible for settling all outstanding amounts.

**4.** School gates open at 07:00 and close at 17:00. The official learning day is from 07:40 to 14:30. Learners are expected to arrive on time.

**5.** Parents/guardians are expected to attend scheduled parent meetings and communicate with the school when attendance is not possible.

**6.** Parents/guardians may be held responsible for the reasonable cost of repairing or replacing school property intentionally or negligently damaged by a learner.

**7.** Parents/guardians may be required to contribute towards approved educational trips and internal educational activities.

**8.** Regular school attendance is compulsory. Unexplained or excessive absenteeism will be addressed in terms of the school's attendance policy.

**9.** Newly registered learners are expected to obtain the prescribed full school uniform within 14 days of admission, unless otherwise agreed by the school.

**10.** Parents/guardians are responsible for obtaining and familiarising themselves with the school rules, Code of Conduct and other applicable policies.

**11.** Learners must report to school with the prescribed stationery and learning materials on the required starting date.

**12.** All learners are subject to the school's disciplinary processes where school rules or regulations are breached.

**13.** The school is committed to treating all learners fairly and with dignity, without unfair discrimination.

**14.** By signing this application and agreement, the parent/guardian confirms that they have read, understood and accepted the applicable terms, conditions, rules and policies of the school.

## PART H: DECLARATION AND AGREEMENT

**Learner's Declaration**

I confirm that I have read and understood the school rules and conditions applicable to me as a learner. I undertake to comply with the school's rules, regulations and Code of Conduct.

| | |
|---|---|
| Learner's Signature: _____ | Date: _____ |

**Parent / Guardian Declaration**

I declare that the information supplied in this enrolment application is true and correct to the best of my knowledge. I accept responsibility for the payment of all applicable school fees and charges and undertake to support my child in complying with the school's rules and regulations. In the event of a serious illness or accident, I authorise the Principal or an authorised representative to take reasonable steps to obtain appropriate medical assistance where I cannot be reached.

| | |
|---|---|
| Parent/Guardian Signature: _____ | Date: _____ |

## PART I: FOR OFFICE USE ONLY

| | |
|---|---|
| **Date Application Received** | **Date of Admission** |
| **Grade / Class Admitted To** | **Admission Number** |
| **Documents Verified By** | **Registration Fee Received: ■ Yes ■ No** |

**SCHOOL STAMP**

ARMOUR FOUNDATION RIVERSIDE PRIVATE SCHOOL