

Online Application Form

Rallim Modern Learning Environment

Application Name and Surname:

Grade Applying for:

Year Applying for :

Admissions Department: admissions@rallim.org.za

LEARNER DETAILS

Surname		Date of birth	
First Name		Gender	
Student's Middle Name		Student's Preferred Name	
Student's Cell		Student's Identity No	
Student's Place of Birth		Grade applying for	
Currently in Grade		Student's Nationality	
Student's Nationality 2		Student's Religion	
Student's Home Language		Student lives with	
Term of entry		Start date	

STUDENT DETAIL INFORMATION

Additional information

Are both parents living?

If no please specify

If you have immigrated please state year of arrival in South Africa

Country you have immigrated to South Africa from

Student's actual age

Number of siblings

Academic History

Number of schools previously enrolled in

Reason for leaving previous school

School currently attending

Most recent grade passed

Grades not passed

Name of school that siblings currently attend

State whether a family member has previously attended Rallim Modern Learning Environment

Areas where students have excelled (academic sport or cultural)

Did the student attend school last year?

Where did the student attend school last year

If applying for Grade 1 did your child attend a formal pre-primary programme last year

Student History

Has your child ever undergone an assessment by an Educational Psychologist?

Has your child been identified with any learning difficulties? i. e. ADD Dyslexia

Please list therapies or interventions your child has received

Any other interventions your child has received? If yes please provide details

Is your child currently on any medication? If so please name medication

Please state if your child has any of the following support measures recommended

CONTACT PERSON IN CASE OF EMERGENCY (Other Than Parent/Guardian)

Title, Name & Surname		Telephone No	
Relationship to			

MEDICAL INFORMATION

Family Doctor		Telephone No	
Medical Aid Scheme & No		Name of Main Member	
Member ID:		Allergies/medical conditions	

DETAILS OF PARENT/GUARDIAN

Relationship to Student		
Title, Name and Surname		
Home Address		
Postal Address		
	Post Code:	Post Code:
Telephone - Home		
Telephone - Work		
Telephone - Cell		
SMS Contact No: (only 1 nominee)		
Email Address		
Marital status		
Religion		
Occupation		
Employer		

PERSON RESPONSIBLE FOR PAYMENT OF FEES / DEBIT ORDER AUTHORITY

Relationship to Learner

Title, Name and Surname

Identity No

Home Address

Postal Address

Telephone - Home

Telephone - Work

Telephone - Cell

Email Address

Banking Details

Name of Account Holder

Name of Bank

Name of Branch

Branch Number

Account Number



I/We hereby authorise Rallim Modern Learning Environment to withdraw against my/our account with the above-mentioned bank (or any other bank or branch to which I/we may transfer our account), on the above stipulated day of each month.

I/We grant additional permission for the amount above to be increased by the amount of additional fees periodically on the school account in respect of co-curricular tuition, aftercare and other costs or services requested by me/us as stipulated on the monthly account. All bank charges incurred by the school relating to returned debit orders will be for the primary fee payer's account.

MANDATE All permissions are granted for such withdrawals as mentioned above, as if they were signed by me/us in personal capacity.

CANCELLATION I am aware that this instruction can be cancelled by me/us by giving thirty days notice in writing. I understand that I shall not be entitled to any refund of amounts withdrawn from my account whilst this authority was such amounts were legally due by me.

ASSIGNMENT I acknowledge that this authority may be ceded to or assigned to a third party if the agreement is all or assigned to that third party but in the absence of such assignment of the Agreement, this Authority and Mandate is not assigned to any third party.

CREDIT CHECK In order to process the application, the school is required to obtain credit reports or other related information on the account holder, as required. The purpose is to assess the financial capability of the account holder to honour financial obligations to the school.

Bank charges will be charged for returned debit orders.

I hereby acknowledge that by ticking this box, I accept this contract as legal and binding.

I understand and agree that I will be responsible and liable for my child's fees upon acceptance of an offered place for my child.

Signature

Date

CONDITIONS AGREED TO