



Renaissance Learning Centre

Educating Future Leaders

26 Atherstone Rd, Plumstead, Cape Town

Email: admin@renaissancecollege.co.za

Contact number: 072 660 4983

Dear Parent/Guardian,

We are delighted that you have chosen to apply to Renaissance Learning Centre. We will do our best to ensure that the application process is as smooth as possible.

To achieve this, kindly complete the application in full and attach the following:

- 1) A certified copy of the child's birth certificate or ID document
- 2) A certified copy of both parents' ID
- 3) Proof of residence, for example: a utility bill, telephone account, etc.
- 4) Proof of income – a copy of payslip or certified letter from accountant
- 5) A copy of the child's last report as well as any psychological assessments that may impact his/her schooling.

For non-South African Citizens:

- 1) Proof of work permit
- 2) A copy of the permanent residence document (if applicable)

For Legal Guardians

- 1) Proof of legal guardianship

Please note that to secure a place at Renaissance Learning Centre, a non-refundable placement fee of R6 000 will be required and payable on confirmation of acceptance to the school. This is to keep track of admission commitment made by the school and the parents' involved.

Should you have any queries regarding this application, please contact Val Haysom, on 072 660 4983

SECTION A: Applicant's Information

Name:	Surname:
Gender:	Date of Birth: Day: Month: Year:
Religious Affiliation:	
Home Language:	Other languages spoken:
Nationality: Citizenship:	
Requested date of entry: Day: Month: Year:	

SECTION B: Applicant's Educational Data

Current grade	
Name of current / last school:	
Name of Principal: Tel no: Fax:	
Permission to request details from school if required: Yes _____	No _____

SECTION C: Parent/Guardian Information

	Parent/Guardian 1	Parent/Guardian 2
Surname:		
First name:		
Title:		
Marital Status:		
Home Tel no:		
Home Fax no:		

Work no:		
Cell/Mobile no:		
Email address:		
Physical address:		
Postal Address:		
Postal Code:		
Occupation:		
Employer's name:		
Employer's address:		
Employer's tel no:		
ID/passport number:		

Section D: Medical and Special Education Needs Information

Family Doctor: Tel no:	
Medical Insurer: Tel no:	
Name of Alternate contact for emergencies:	
Relationship to child:	
Tel no:	
Serious allergies/Medical conditions:	
Specify chronic medication your child is on:	

Does your child have or require any of the following: (Please indicate where appropriate)

A learning disability:	
Speech Therapy:	
Occupational Therapy:	
Visual/auditory difficulties:	
Behavioural/discipline problems at home or school:	
Any problem with substance abuse:	
Emotional difficulties/ Depression/Eating Disorder/other:	

Please provide us, if possible, with a recent report regarding any of the above. Failure to disclose relevant information could lead to review of final acceptance, where applicable.

Section E: Payment of Fees:

- Payment of Fees in respect of (name of student): _____
- All fees are payable in full in advance.
- Should fees not be paid, we reserve the right to ask you to remove your child from the school.
- Please note that Parents are responsible for all monies to be paid to the School, regardless of whether the child is sponsored by a Company or Trust etc.
- I/We give consent to Renaissance College to obtain the credit info to be used for the prescribed purpose of Renaissance College
- Please note that **a full term's notice** must be given when withdrawing your child and that the fees are due in full for that period.
- Interest will be charged on outstanding fees at the rate of 12% per annum

- I / We hereby acknowledge that the information I / we have provided on this application for admission is accurate and complete.
- I / We agree to the conditions set out above.

Name: _____ Signature: _____

Relationship to child: _____

Date: _____