



**AMBASSADORS' COLLEGE  
INDEPENDENT SCHOOL**

ADDRESS: 133 CHURCH STREET

PHONE : 033 – 345 – 1967

EMAIL : [info@ambcol.co.za](mailto:info@ambcol.co.za)

**APPLICATION FOR ADMISSION**

**GRADE APPLYING FOR:**

**YEAR APPLYING FOR:**

**FOR OFFICE USE ONLY:**

Application Fee Paid (R50,00): \_\_\_\_\_

Receipt Number: \_\_\_\_\_

Approved : Principal – Mrs J. Pillay \_\_\_\_\_ Date : \_\_\_\_\_

**Financially Approved By The Finance Department:**

Name Of Financial Officer: \_\_\_\_\_ Date: \_\_\_\_\_

Signature Of Financial Officer: \_\_\_\_\_

Registration Fee Of R 1 000 Paid: \_\_\_\_\_

Receipt Number: \_\_\_\_\_

Date Of Interview: \_\_\_\_\_ Interviewer: \_\_\_\_\_

Accepted For:

Grade: \_\_\_\_\_

In Year: \_\_\_\_\_

Signature Of Interviewer:  
\_\_\_\_\_

**INITIAL COSTS**

- 1. Application Fee – Grade R to 7                      R 50,00**
  - 2. Registration Fee – Grade RRR to 7                R 1 000,00**
- (On Acceptance This Fee Is Payable Prior To Students Starting)**

**ADMISSION PROCEDURE:**

Upon receipt of this application, it will be processed, and you will be informed timeously.  
A deposit of R 1 000,00 will be required to secure your child’s place in the classroom.

**THE ABOVE IS ONLY FOR NEW ADMISSIONS TO THE COLLEGE.**

**RE-ADMISSIONS FOR CURRENT STUDENTS DO NOT HAVE TO PAY THE DEPOSIT AGAIN.**

**How did you come to hear / know about Ambassadors’ College?**

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**THE FOLLOWING DOCUMENTATION HAS TO BE ATTACHED:**

Thank you for requesting information regarding the admission of your child / ward to Ambassadors’ College.  
Please find enclosed a copy of our Prospectus, Application Forms and **current** Fee Structures.

Before we can process your application, we require **ALL** of the following:

	Completed Admission Form & Enrollment Agreement.
	A Copy Of The Child’s Most Recent School Report.
	A Copy Of The Child’s Birth Certificate.
	Copies Of Both Parents’ Identity Documents.
	3 Month’s Bank Statements (From The Person/s Who Signs The Financial Commitment).
	Copies Of Salary Slips (From The Person/s Who Signs The Financial Commitment).
	A Passport Sized Photograph Of The Child/Ward.
	A Financial Clearance Certificate From The Last School Attended.
	On Arrival At Ambassadors’ College – A Transfer Card From His / Her Previous School.
	Copy Of The Child’s Clinic Card.
	Proof Of Parent’s Residential Address (E.G. A Current Electricity Account / Letter From Your Councilor).
	R 50,00 Application Fee.

1. The Medium Of Instructions Of All Learners Attending Ambassadors' College Will Be In English.
2. An Application Will Be Processed Only Once ALL The Documents Have Been Received.
3. Your Child Will Be Required To Write A Placement Test.
4. Once ALL The Documentation (**Fully Completed**) Has Been Received, The Application Will Be Processed.

An Interview Will Then Be Arranged To Determine Whether Your Child Will Be Accepted At Our College.

**NOTE:**

Please Make Sure That The Application Is Signed And Witnessed Where Indicated.

FAILURE TO COMPLY WITH THE ABOVE MAY RESULT IN A DELAY IN THE PROCESSING OF THIS APPLICATION.

**NB: Please Note The Correct Ages For Grade RRR To Grade 1**

**Grade RRR: 3 turning 4**

**Grade RR: 4 turning 5**

**Grade R: 5 turning 6**

**Grade 1: 6 turning 7**

**SECTION A:****PERSONAL DETAILS OF CHILD:**

<b>Surname</b>													
<b>First Names</b>													
<b>Preferred Name</b>													
<b>Gender</b>	<b>M</b>	<b>F</b>											
<b>Date Of Birth</b>	<b>Y</b>	<b>Y</b>	<b>Y</b>	<b>Y</b>	<b>M</b>	<b>M</b>	<b>D</b>	<b>D</b>					
<b>Identity Number</b>													
<b>Home Language</b>													
<b>Religion</b>													
<b>Doctor's Name</b>													
<b>Doctor's Tel No</b>													
<b>Name Of Medical Aid</b>					<b>No:</b>								
<b>Principal Member</b>													
<b>Who Does The Child Stay With During Term Time?</b>	<b>Mother</b>		<b>Father</b>		<b>Grandmother</b>		<b>Guardian</b>						
	<b>Aunt</b>		<b>Uncle</b>		<b>Grandfather</b>		<b>Foster</b>						
<b>Name &amp; Surname</b>													
<b>Please provide the address and telephone number where the child resides</b>	<b>Address</b>												
	<b>Telephone nr</b>												

<b>Nationality</b>			
<b>Dexterity</b>	<b>Left Handed</b>		<b>Right Handed</b>
<b>Is your child registered for a Social Grant ? (please give the Registration number, if so)</b>			

Are any of the child's parents diseased ?	Yes		No	
Please specify	Mother		Father	Both
With whom should the school communicate ?	Mother		Father	Both

Name and Address of ALL Previous Schools Attended		
<ul style="list-style-type: none"> <li>Please state all schools whether it be Pre-Primary and/or Primary School</li> </ul>		
Year	Grade	Name Of School

**Details of Learners Brothers and Sisters**

Name	Date of Birth	Present School

**COMMUNICATION**

Please note that the school communicates via sms and email. Clearly state one set of contact details that is to be used by the school.

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Full Name of contact person and telephone number

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Full Name of contact person and email address

**SECTION B**

**PARTICULARS OF PARENTS/GUARDIANS:** *(please indicate whether parent or guardian)*

<b>FATHER</b>		<b>GUARDIAN</b>	
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<b>Title</b>													
<b>Surname</b>													
<b>First Names</b>													
<b>Identity Number</b>													
<b>Marital Status</b>	single		married		divorced		separated		widowed				
<b>Qualifications</b>													
<b>Residential Address</b>													
<b>Occupation</b>													
<b>Name of Business</b>													
<b>Adress of Business</b>													
<b>Self Employed</b>	Yes							No					
<b>Home Telephone Number</b>													
<b>Cell Phone No</b>													
<b>Work Tel No</b>													
<b>Fax No</b>													
<b>Email Address</b>													

MOTHER		GUARDIAN	
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<b>Title</b>													
<b>Surname</b>													
<b>First Names</b>													
<b>Identity Number</b>													
<b>Marital Status</b>	single		married		divorced		separated		widowed				
<b>Qualifications</b>													
<b>Residential Address</b>													
<b>Occupation</b>													
<b>Name of Business</b>													
<b>Address of Business</b>													
<b>Self Employed</b>	Yes							No					
<b>Home Telephone Number</b>													
<b>Cell Phone No</b>													
<b>Work Tel No</b>													
<b>Fax No</b>													
<b>Email Address</b>													

**NEXT OF KIN (Person to contact in case of emergency other than parents/guardians)**

**Name & Surname**

**Relationship to Child**

**Contact Tel No**

**OTHER CHILDREN IN THE FAMILY**

**Name & Surname**

**Gender**

**Age**

**ANY OTHER INFORMATION YOU THINK WE SHOULD KNOW**


**SECTION C**

**MEDICAL PARTICULARS OF THE CHILD**

Please attach a clear copy of your child's immunization card			
		YES	NO
Approval is hereby given for the immunization of my child/ward mentioned herein against the following diseases should the Dept of Health deem it necessary <i>(Indicate with an X)</i>	Tuberculosis		
	Poliomyelitis		
	Tetanus & Diphtheria		
Disabilities, allergies or conditions <i>(please provide details)</i>			

Has your child had any of the following:

Diphtheria		Whooping Cough		Febrile Convulsions	
Mumps		Tuberculosis		Tetanus	
Smallpox		Poliomyelitis		Typhoid	
Asthma		Chicken Pox		Rubella / German Measles	
Epilepsy		Dysentery		Impetigo	
Heart Disease		Malaria		Bilharzia	

Does your child have any sight, hearing or speech difficulty ?	YES	NO
If so, please list the medication or treatment being received.		
If your child is on medication, are there any side effects the school should be aware of ?		
Is there any other physical development, emotional or medical problem which may affect him/her ?		

## SECTION D

### INFORMATION

- At AMBASSADORS' COLLEGE the medium of instruction is English.
- Life skills is part of the School programme.
- Sport and other extra-mural activities including Physical Education are compulsory. Every child is required to participate in at least one sport or extra-curricular activity per quarter organized by the school.
- Tours and excursions are undertaken from time to time. All children are expected to attend these outings. Parents are levied a fee for these trips, tours and excursions.

### COMPETITIVE EDGE

- We only have 20 students per class.
- We offer modern computer centre, lab for scientific experiments, library corners and educational programmes, where music activities will be incorporated into the educational programmes. We provide an upmarket outside playing area, which consists of a bicycle track, inner field activities such as a jungle gym, swings, trampolines, core muscle development apparatus and a sandpit will also assist in development phases and large fields.

Notice: Should you wish to remove your child from either the School, the following notice periods will apply:

REMOVAL FROM SCHOOL: One Term's notice or 25% of the annual school fees in lieu thereof.

### DISCIPLINE

1. My child will abide by the rules of the school in force at present, or which may be introduced while he/she is a learner. I acknowledge that the discipline of the school is under the control of the Principal who has a right, in his/her discretion, to refuse to allow a child to return to school or to suspend, or expel a learner summarily, for any cause judged adequate by him/her.
2. For as long as my child is at AMBASSADORS' COLLEGE, I/We personally undertake to comply with all the school rules now in force or rules which may be introduced while my child is at the school. I/We acknowledge the full authority of the Principal in all matters concerning the administration of discipline of the school.
3. I/We agree that unless my child is medically exempted, my child will take part in all school games, sport and physical education.
4. I/We fully understand and accept that all activities are undertaken at the sole risk of my/our child and I/we do hereby indemnify, hold harmless and absolve the School Council, the Principal and his/her staff against and from any or all claims whatsoever in connection with any loss or damages to the property or injury to the person of my/our child arising from the pursuit of all activities which may occur whilst being transported by motor vehicle either by the school, hired transport or by parents of the school - this is in

the knowledge that the Principal and his/her staff will, nevertheless, take all reasonable precautions for the safety and welfare of my/our child.

## DECLARATION AND CONSENT

1. I/We undertake to inform the School of any change of address, telephone number, email address, surname etc.
2. I/We undertake to inform the School of any case of infectious illness in my/our household.
3. Conditions of acceptance: I/We do hereby acknowledge that:
  - 3.1 The acceptance of my/our child at AMBASSADORS' COLLEGE is subject to his/her being bound to obey all the school rules and dress regulations including hairstyles, and I/We agree to abide by all the school's decisions in this regard.
  - 3.2 I/We acknowledge and accept that AMBASSADORS' COLLEGE is a Christian school where members of other faiths are welcome. It was established on Christian principles, and a Christian ethos prevails.
  - 3.3 I/We agree to incur costs for any damages done to school property/equipment.
  - 3.4 I/We undertake to ensure that my/our child attends school regularly and should my child/ward be absent from school for any reason, I/We will notify the school, by telephone or letter stating the reason/s for absence.
  - 3.5 I/We agree that the Principal or his/her designates may act as Loco Parents in the event of any injury or accident in which my child/ward may be involved should his parents/guardians be unavailable.
  - 3.6 If a pupil contravenes a School rule or regulation as laid down by the responsible authorities, disciplinary action may be taken against such a learner.
  - 3.7 The Principal and or educators reserves the right to search pupil's bags should it be deemed necessary in the event of School security be compromised.

**I, the undersigned parent/guardian, am aware that if I fail to fulfill or perform my obligations under this contract, legal action will be taken against me.**

Signature of Parent/Guardian: \_\_\_\_\_

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

Place: \_\_\_\_\_



Flaming the Power  
of Education

# FINANCIAL CONTRACT

WITH

## AMBASSADORS' COLLEGE

I/We \_\_\_\_\_ (Father / Guardian) \_\_\_\_\_

And (Mother / Guardian ) of \_\_\_\_\_ (Child's name) hereby

Declare that we will honor our financial commitment with the Board of Ambassadors' College as set out in this Financial Contract. We further agree to honor any changes which the Board may regard as essential. We acknowledge that the person signing this contract is liable for the fees and that no child will be admitted into the class until the contract is signed.

1. I/We understand and agree that all payments due to the school are payable at AMBASSADORS' COLLEGE or directly into the school's bank account.
2. I/We undertake to pay the school's fees as amended from time to time, in eleven equal installments beginning on 1 January, thereafter on 1 February and on the first of each succeeding month until `1 November of the same year and understand that the School shall be entitled, at its discretion, to suspend any child from the school in the event of any failure to make payment or payments.
3. I/We hereby undertake to give one full quarter's notice to the Financial Officer before withdrawing my/our child from the school. Such notice is to be in writing and to be given by pre-paid registered post, or delivered by hand, so as to be received by the Finance Office before the first day of the last quarter that my/our child will attend school. I/we agree that if the Finance Office doesn't receive such notice in time and I/we withdraw my/our child from the school, I/we shall be liable to pay the school fees and any changes due for the quarter in which my/our child is withdrawn. In addition, I/we agree that I/we shall be liable to pay the school fees for the following quarter.
4. I/We agree that if my/our child is withdrawn at the principal's request, or is expelled or suspended for whatsoever reason, I/we shall be liable to pay the school fees for the quarter during which he/she is withdrawn, expelled or suspended, together with any costs incurred.
5. I/We undertake, for the duration of my/our child's education at AMBASSADORS' COLLEGE, to bind ourselves jointly and severally, the one paying the other to be absolved, and to be responsible for the due payment of all amounts as levies by the school, and that should it be necessary for the school to consult an attorney or to institute legal action against me/us, as a result of any breach of this agreement, I/we accept liability for all legal costs incurred, including collection of commission charges, instruction fee and cost on a scale between Attorney and Client.

6. I/we do agree on the following College Fee Scale for 2026:

GRADE	PER MONTH x 11 MONTHS	PER YEAR
Gr RRR - RR	R1 600 pm	R17 600
Gr R	R2 600 pm	R28 600
Gr 1 - 7	R2 900 pm	R31 900
<b>Aftercare</b>		
- Full Day	R720	R7 920
- Half Day	R360	R3 960
<b>Pro-Activities</b>		
Swim	R850 per Term	R3 400
Music School: Piano & Guitar	R80 per lesson	
<b>Multi-Child Discount</b>		
2 or more siblings - each	R600	R6 600

I/We do agree on the following arrear payment implications for 2026:

Months in Arrears	Implication
1 Month	1 <sup>st</sup> \Warning Letter
2 Months	2 <sup>nd</sup> Letter - Stop education. No term end report
3 Months	Legal Handover - Stop Education. No report. No Transfer Card

7. Should we be handed over for bad d debt - we agree to pay for the 20% collection fee charged by NDC Debt Collection.
8. I/We confirm that I/we have adequate financial resources to pay all fees and charges.
9. I/We choose as our domicillium et executandi for all matters relating hereto, the following address (this must be a physical address, not a box number)
10. **I/WE AGREE**
  - a. To pay the non-refundable **REGISTRATION FEE** in acceptance in order to secure a place for our child.
  - b. To pay all additional charges on presentation of account.
  - c. To be responsible for the purchase of full regulation school uniform in cash or EFT.
  - d. If this financial contract with the school is not kept, the school is entitled to **withdraw tuition.**

## FINANCIAL COMMITMENT

1. I/We accept that a deposit of R 1000 will be required to secure our child's place in the classroom (but will not be refunded if your child does not take his/her place at AMBASSADORS' COLLEGE). All deposits are payable or by EFT payment. No cheques will be accepted.
2. I/We accept that school fees, administration levies and insurance (as amended from time to time) will be levied by the school and that these fees are compulsory and that I/we am/are responsible for the payment thereof. The following conditions apply to payment:
  - a. School fees are payable within 30 days on presentation of the statement. Banking details are available from the Finance Department.
  - b. All overdue school fees shall attract interest at the prime overdraft rate charged by the bank, compounded monthly.
  - c. The school is entitled to institute legal proceedings to recover fees and disbursements, and I/we agree to pay such costs on the attorney and own client scale in the event of proceedings being instituted, together with all Collection Commission.
  - d. Post-dated cheques are not accepted unless prior arrangements have been made with the Bursar.
3. I/We consent to the payment of charges for extra activities in which my/our child may partake from time to time, for example plays, excursions and tours.
4. I/we acknowledge that the charges are payable within 30 days of the statement and that the conditions are set out in paragraph 2 (b) and (d) above, mutatis mutandis will apply to these charges.
5. I/we undertake to give one full quarter's notice to the Bursar before withdrawing my/our child from the school. Such notice is to be in writing and to be given by pre-paid registered post or delivered by hand, so as to be received by the Bursar before the first day of the last quarter that my/our child will attend school. I/we agree that if the Bursar does not receive such notice in time and I/we withdraw my/our child from the school, I/we shall be liable to pay the school fees and any charges due for the quarter in which my child is withdrawn. In addition I/we agree that I/we shall be liable to pay the school fees for the following quarter.
6. I/we consent to the jurisdiction of the Magistrate's Court.

FINANCIAL UNDERTAKING (DETAILS OF PERSON RESPONSIBLE FOR PAYMENT OF FEES)

Signed at (Place): \_\_\_\_\_ Date: \_\_\_\_\_

Name in Full (Father): \_\_\_\_\_

Signature of Father: \_\_\_\_\_

=====

Signed at (Place): \_\_\_\_\_ Date: \_\_\_\_\_

Name in Full (Mother): \_\_\_\_\_

Signature of Mother: \_\_\_\_\_

=====

Signed at (Place): \_\_\_\_\_ Date: \_\_\_\_\_

Name in Full (Guardian): \_\_\_\_\_

Signature of Guardian: \_\_\_\_\_



# AMBASSADORS' COLLEGE

## CONSENT FORM

### Consent for Publication of Scholar's Work or Photographs on Ambassadors' College - Website, Blog, Social Media Page and or in the Printed Media.

Dear Parent/Guardian/Caregiver

We request your permission for photographs of your child to be taken during College activities for the purpose of educating students and parents, promoting the College and the public.

We also request your consent for the publishing of your child's work and/or photographs.

Should consent be given, the College may publish samples of your child's work and/or photographs in a variety of ways. The publications could include, but are not restricted to:

- College Newsletter
- Websites
- Blogs
- Social media
- Printed media
- DOE and Training Internet
- Internet Websites
- College Magazines or Local Newspapers

Published third parties would also be able to view the photographs or work.

Giving your consent means that you agree to the following:

- Taking of pictures of your child and his/her work.
- Publishing of samples of your child's work and/or photographs in the above mentioned.
- Publishing of samples of your child's work and/or photographs as many times as required.

The College will not use your child's work and/or photographs for any purpose other than for the education of students and parents, or for the general promotion of the College. Any photographs taken by the College will be kept for no longer than is necessary for the above-mentioned purposes and will be stored or disposed of securely. Every effort will be made to protect the identity of your child.

Once this form is signed it will remain effective until such a time as you advise the College otherwise.

I agree to the publication of samples of my child's work and/or photographs during College activities.

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Parents Name: \_\_\_\_\_ Signature: \_\_\_\_\_

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



# AMBASSADORS' COLLEGE

## INDEMNITY FORM

### THE SOUTH AFRICAN PROTECTION OF PERSONAL INFORMATION ACT (POPIA), ACT 4 OF 2013

Regulates the processing of personal information by public and private bodies, aiming to protect individuals' privacy and ensure lawful data handling, with the Information Regulator monitoring compliance.,

The following Indemnity Form, if signed, gives your consent for your child to participate in all school activities, excursions including sport matches on and off College premises. This includes playing on all playground equipment and or any accident that might arise in our care, for the duration of the child's stay at this College.

Should you not want your child on a particular excursion, you may naturally exercise this option, by giving us written notice before the activity.

NOTE: Every care will be taken to ensure the safety of your child on any educational outing.

I hereby give permission for my child \_\_\_\_\_ (print) to

participate, under the supervision of the College, in all educational excursions and/or extra-mural activities while he/she remains a student at Ambassadors' College.

1. I hereby declare that I shall not hold the aforementioned College or its bona-fide representative liable for any damage or injury sustained by my child while he/she is on an educational excursion, an extra-mural activity arranged by the College, or as a participant in the College's Aftercare Programme.
2. I also undertake to indemnify the bona-fide representative of Ambassadors' College against all claims by me, or any third parties, arising from any cause of action whatsoever, and will not hold the College or its representatives liable for any injury or loss or any damages consequent thereto, or sustained whilst my child is in their care.

NAME OF PARENT/LEGA GUARDIAN (please print): \_\_\_\_\_

DATE: \_\_\_\_\_

RELATIONSHIP TO CHILD (mother/father/guardian): \_\_\_\_\_

DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

By signing the above I declare that I understand and agree in full to the above written statements.