

25 Wilcocks Road
 Noordhoek
 BLOEMFONTEIN
 9301
 Cell 063 6970 178

APPLICATION FOR REGISTRATION FOR EXAMINATIONS: PRIVATE CANDIDATE

If you have written Cambridge International Examinations in a previous exam session, please provide:

Previous Candidate Number:

Previous Centre Number:

Copy of Previous Results:

Please attach
 ID size photo
 of the candidate
 in this space

Section A: Candidate's Information:

Surname:												
First Names: (as on birth certificate)												
Gender:	Male			Female			Date of Birth:					
Identity Number												
Age, in years, as of 1 January this year						Nationality:						
Please attach a copy of the front page of ID book. If not a SA Citizen, kindly attach a copy of your passport and study permit												
South African residential address & chosen dominicillum citandi et executandi												
Candidate email: (Please use in communicating exam related matters)												
Candidate cell no. (we may need to SMS you)												
Doctor:						Contact No.						

Medical Conditions (allergies etc.)	If necessary, please supply Ridgefield Academy with life-saving treatment e.g., Ventalin for asthmatics	
Medical Aid & No.		
Home Telephone Number:		
Emergency Number:	Relation to Learner:	

Academic Information:

School attended:		
Current Grade	Self-Educated	
Is English your home language?	Yes	No

Section B: Parent Information: Father:

Surname:		Title:
Full Name(s):		
Contact Information	Home:	Cell:
Email Address:		

Mother:

Surname:		Title:
Full Name(s):		
Contact Information	Home:	Cell:
Email Address:		

Section C: Fees:

Whether an examination is completed or not by the learner, for whatever reason, the full examination fee is payable.

The annual Private Candidate Schedule of Fees and consequent Statement of Account due each year forms part of this agreement.

The Academy reserves the right to suspend service or withhold results of examinations, if any payment on this learner's account, for which the person detailed below is responsible, is not received timeously.

Person responsible for the payment of Exam Entry fees:

Surname:										Title:				
Full Name(s):														
Relation to Candidate:														
Identity Number:														
Occupation:														
Contact Information:				Home:				Cell:				Work:		
Email Address:														
Alternative email:														
Physical Address:														
Employer:														

Section D: Declaration and Undertaking

I declare that all the particulars furnished by me on this registration form are true and correct and I undertake to abide by the Code of Conduct for Private Candidates, which I have read and understand, and accept that any breach may result in immediate cancellation of services by Ridgefield Academy without prejudice to any other rights Ridgefield might enjoy in terms of this agreement.

Cancellation on the Applicant's part requires 2 (two) weeks' notice in writing. I acknowledge and agree that this document, when signed by me constitutes its own unconditional cause against me independent of any other cause. I hereby chose my domicilium citandi et executandi the address mentioned above, at which address all notices and/or processes in terms of or arising out of this acknowledgement validly be delivered to or served upon me. I expressly waive and renounce the legal benefits and exceptions *non numeratae pecuniae, non causa debiti, error calculi*, and I declare myself to be fully acquainted with the meaning and effect of these exceptions and of the renunciation of the benefits thereof. Should I default herein and judgement is subsequently granted against me as a result of my default, I consent to the cost/damages due being made an order of the court. In terms of this agreement, I undertake to notify Ridgefield Academy via email or otherwise as to all payments made by me or on my behalf. I hereby consent to the use and publication of photographs taken of my child during examinations, for use in but not limited to newsletter, advertising, both being digital and print and for use on the Academy's website. I will communicate any objection to the Academy in writing.

I understand that while all reasonable steps will be taken to provide continuity of service, we will not be held responsible for any interruptions caused by circumstances beyond our control. If the examinations or results are disrupted or cancelled, we will not be held liable for a refund of exam entry paid or rescheduling of a paper.

Signature of Candidate

Signature of Parent/Legal Guardian/Person responsible for the account

_____ Date _____

Section E: Documentation Required for Registration:

Documentation:	Yes	Office use only
Completed application form (signed by parent/guardian & student)		
Completed Examination Subject Choice form (signed by the Principal, the parent and the candidate)		
Certified copy of ID/Passport/Birth Certificate of the candidate		
Certified copy of passport, work permit, study permit, in the case of the applicant being a non-South African citizen.		
Full payment		
Signed Code of Conduct for Private Candidate		
Photograph of Candidate		
Copy of previous Cambridge results (if applicable)		

For office use only:

Date received: _____

Date processed: _____

Student Number: _____

