

Application Form

PLEASE NOTE:

1. This is an application form and does not guarantee enrolment to the school.
2. Copy of the learner's latest school report/s (where applicable) and other relevant professional reports or evaluations - medical or scholastic must accompany this application. Recent Educational Psychologist report, OT report, Speech evaluation as required by the GDE.
3. Copy of the learner's Birth Certificate or Identity Document must accompany this application.
4. Copies of ID documentation for parents/guardians.
5. Copy of learner's Residence Permit or Study Permit if a foreigner must accompany this application.
6. Full disclosure of all conditions, therapies and treatments as well as medication and treatments.
7. Proof of residence.
8. Proof of employment.
9. Copy of Court Order and Parenting Plan in the case of divorced parents
10. Immunisation chart if applicable.

SECTION ONE: Learner Information

Surname:		Gender:	
First Name(s):			
Date of Birth:		Current Grade:	
For Admission into Grade:		In the Year:	
Home Language:		Nationality:	
Identity no/ Passport no:			
Church/Religious Affiliation:			
Residential Address:		Street	
		Suburb	
		City	
		Postcode	
Postal Address:		Street	
		Suburb	
		City	
		Postcode	
Home Telephone no:		Area code	Number
Cell numbers:			
Email Address:			
Names of Siblings and schools where applicable:			
Name		School	Age

SECTION TWO: Previous School

Name of School:		
Principal:	Tel no:	
Email:	Cell no:	
Last Grade passed:	Grades repeated:	
Has admission to any other school been refused:	Yes	No
Indicate areas of participation & list leadership positions & other achievements		
Academic	Other (e.g. Sport, Cultural)	

SECTION THREE: Medical Details

Family Doctor:			Tel no:
Medical Aid Company:			Membership no:
Medical Aid Scheme/Plan:			Tel no:
Person responsible for account:			
Special Medical Conditions: If yes, please give details			
Chronic Illness(es) or disability	Yes	No	
Allergies to Medicine	Yes	No	
Allergies to Food	Yes	No	
Recent operations or hospitalisation	Yes	No	
Contagious or notifiable illness	Yes	No	
Alternative emergency phone number/s (not the Parents) and Name/s			
Person/s responsible for dropping off and collecting the learner from school including transport company details:			

SECTION FOUR: Parent/ Guardian Information

	Father/Stepfather/Guardian			Mother/Stepmother/Guardian		
Surname						
Full first names						
Nationality						
Relationship to learner						
Residential Address						
- LEAVE BLANK						
IF AS ON PAGE						
ONE						
Postal Address						
- LEAVE BLANK						
IF AS ON PAGE						
ONE						
Home telephone no						
Personal Cell no.						
Email Addresses						
Employer						
Occupation						
Position in company						
Employer's						
Address						
Employer's Postal						
Address						
Work tel. no.						
Work fax no.						
Work email						
Identity/Passport no						
Marital Status						
If Divorced: Please attach Court Order.	Access rights to child	Yes	No	Access rights to child	Yes	No
	Is child living with you	Yes	No	Is child living with you	Yes	No
	Are you the legal Guardian	Yes	No	Are you the legal Guardian	Yes	No

SECTION FIVE: Details of Account Holder

Person responsible for the school fees		Father	Mother	Other
Surname		First Names		
I ELECT TO PAY SCHOOL FEES		PLEASE TICK		
MONTHLY IN ADVANCE * R *Over a period of 12 months *Parents can elect to pay the same annual amount over 10 months.				
TERMLY (3 PAYMENTS) less 2.5%				
ANNUALLY (once off) less 5%				
<i>*If monthly option is selected, a debit order must please be completed.</i>				
REGISTRATION FEE R500				
ENROLMENT FEE (non-refundable) R		May be paid off.		
Trial week (only where applicable) R 2 000 Credited to school fees if learner is enrolled.				

SECTION SIX: Debit Order Details

I hereby authorise Chrysalis Academy to inter alia, debit my account for school fees payable on a [monthly / termly / annually] [delete as applicable] basis. I also give permission for additional costs such as the Development Fund, books and text books as well as incidentals to be deducted from this account. Should a payment bounce, I will be responsible for additional fees charged. The amount that will be deducted from my account is: R

Signature of accountholder: _____

Bank:	Acc. Name:
Acc. No:	Branch Code:

Chrysalis Academy Bank details:

Payments must be made out to:
MRS C STUCKE
STANDARD BANK
CURRENT ACC NO: 04 106 549 2
BRANCH: Fourways Crossing

SECTION SEVEN: CREDIT REFERENCES

I hereby authorise Chrysalis Academy to inter alia, refer to the following concerns to obtain any credit references required and hereby also authorise such concerns to provide all such relevant information:

Bank	Creditor/Referee
Acc. Name	Acc. No
Acc. No	Phone No

I/We, the undersigned:

1. Hereby certify that the information provided on this application is true, complete and correct.
2. Understand that this contract is not binding on The School unless signed by a duly authorised official of the school.

Father's signature _____ Date: _____

Mother's signature _____ Date: _____

Guardian's Signature _____ Date: _____

Authorised for and on behalf of
Chrysalis Academy _____ Date: _____

SECTION EIGHT: SCHOOL BANK DETAILS

Chrysalis Academy Bank details:

Payments must be made out to:
MRS C STUCKE t/a CHRYSALIS ACADEMY
STANDARD BANK
CURRENT ACC NO: 04 106 549 2
BRANCH: Fourways Crossing

SECTION J: For Official Use

Name	Grade	Year
Receipt no.	Date received	Amount
Chq Bank	Acc. no	Chq no
CT Ref check by		Date
Posting acknowledgement letter:		
Dep Rec No	Amount	Date