



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		

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 * *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%			
SIBLING DISCOUNT/s 1 = 10% 2 = 20%			
<i>*If a monthly or termly option is selected, a debit order must please be completed.</i>			
REGISTRATION FEE R500			
ENROLMENT FEE R (non-refundable) (can be paid in tranches)			
Trial week (only where applicable) R 2 000 Credited to school fees if learner is enrolled.			

SECTION SIX: Debit Order Details: COMPULSORY

I hereby authorise Chrysalis Academy to inter alia, debit my account for school fees payable on a [monthly / termly / annual] [delete as applicable] basis. I also give permission for additional costs such as stationery, books and text books as well as incidentals such as outings 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:
 CHRYSALIS ACADEMY
 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 BANKING DETAILS

Chrysalis Academy Bank details:

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

*Please note that any cash deposits into the school account, incur additional charges which will be charged to the parent or guardian. Interest will be charged on all late, missed or returned payments or arrear amounts. Returned payments will be charged at R250 per transaction. Fees are due monthly, in advance on the 1st of each month. The onus is on the parent/guardian to advise the administrator of any late payments in advance. No account will be allowed to go more than 1 month into arrears.