



## 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

<b>Surname:</b>		<b>Gender:</b>	
<b>First Name(s):</b>			
<b>Date of Birth:</b>		<b>Current Grade:</b>	
<b>For Admission into Grade:</b>		<b>In the Year:</b>	
<b>Home Language:</b>		<b>Nationality:</b>	
<b>Identity no/ Passport no:</b>			
<b>Church/Religious Affiliation:</b>			
<b>Residential Address:</b>		Street	
		Suburb	
		City	
		Postcode	
<b>Postal Address:</b>		Street	
		Suburb	
		City	
		Postcode	
<b>Home Telephone no:</b>		Area code	Number
<b>Cell numbers:</b>			
<b>Email Address:</b>			

<b>Names of Siblings and schools where applicable:</b>		
<b>Name</b>	<b>School</b>	<b>Age</b>

SECTION TWO: **Previous School**

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

SECTION THREE: **Medical Details**

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

**Person/s responsible for dropping off and collecting the learner from school including transport company details:**


**SECTION FOUR: Parent/ Guardian Information**

	<b>Father/Stepfather/Guardian</b>	<b>Mother/Stepmother/Guardian</b>
<b>Surname</b>		
<b>Full first names</b>		
<b>Nationality</b>		
<b>Relationship to learner</b>		
<b>Residential Address</b>		
<b>- LEAVE BLANK</b>		
<b>IF AS ON PAGE</b>		
<b>ONE</b>		
<b>Postal Address</b>		
<b>- LEAVE BLANK</b>		
<b>IF AS ON PAGE</b>		
<b>ONE</b>		
<b>Home telephone no</b>		
<b>Personal Cell no.</b>		
<b>Email Addresses</b>		
<b>Employer</b>		
<b>Occupation</b>		
<b>Position in company</b>		
<b>Employer's Address</b>		
<b>Employer's Postal Address</b>		
<b>Work tel. no.</b>		
<b>Work fax no.</b>		
<b>Work email</b>		
<b>Identity/Passport</b>		

<b>Marital Status</b>						
<b>If Divorced: Please attach Court Order.</b>	<b>Access rights to child</b>	<b>Yes</b>	<b>No</b>	<b>Access rights to child</b>	<b>Yes</b>	<b>No</b>
	<b>Is child living with you</b>	<b>Yes</b>	<b>No</b>	<b>Is child living with you</b>	<b>Yes</b>	<b>No</b>
	<b>Are you the legal Guardian</b>	<b>Yes</b>	<b>No</b>	<b>Are you the legal Guardian</b>	<b>Yes</b>	<b>No</b>

**SECTION FIVE: Details of Account Holder**

<b>Person responsible for the school fees</b>	<b>Father</b>	<b>Mother</b>	<b>Other</b>
<b>Surname</b>	<b>First Names</b>		
<b>I ELECT TO PAY SCHOOL FEES PLEASE TICK</b>			
<b>MONTHLY IN ADVANCE *</b> *Over a period of 12 months *Parents can elect to pay the same annual amount over 10 months.			
<b>TERMLY (3 PAYMENTS) less 2.5%</b>			
<b>ANNUALLY (once off) less 5%</b>			
<b>SIBLING DISCOUNT/s 1 = 10%</b> <b>2 = 20%</b>			
<i>*If a monthly or termly option is selected, a debit order must please be completed.</i>			
<b>REGISTRATION FEE R500</b>			
<b>ENROLMENT FEE R</b> (non-refundable) ..... (can be paid in tranches)			
<b>Trial week (only where applicable) R 2 000 Credited to school fees if learner is enrolled.</b>			

**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: \_\_\_\_\_

<b>Bank:</b>	<b>Acc. Name:</b>
<b>Acc. No:</b>	<b>Branch Code:</b>

**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:**

<b>Bank</b>	<b>Creditor/Referee</b>
<b>Acc. Name</b>	<b>Acc. No</b>
<b>Acc. No</b>	<b>Phone No</b>

**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 1<sup>st</sup> 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.