

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 (within 18 months) Educational Psychologist report, OT report, Speech evaluation, visual and hearing results.
3. Copy of the learner's Birth Certificate or Identity Document must accompany this application.
4. Copies of ID documentation for parents/guardians.
5. Copies of Passport/s and/or work permits of parents who are foreign nationals.
6. Copy of learner's Residence Permit or Study Permit if a foreigner must accompany this application.
7. Full disclosure of all conditions, therapies and treatments as well as medication and condition/s prescribed for.
8. Proof of residence.
9. Proof of employment or salary advice
10. Copy of Court Order and Parenting Plan in the case of divorced parents
11. Immunisation chart if applicable.
12. Please note that ALL parents who are applying for or are receiving fee reductions or bursaries, are obliged to provide proof of income (6 months' bank statements, salary advice and any other relevant documentation) to facilitate this process. There is no guarantee that a learner will qualify for any financial support as it is a decision based on a number of criteria and a needs assessment. The School and Board reserve the right to determine eligibility without any liability or justification for its decisions.

SECTION ONE: Learner Information

*Please provide all the information as per the registered birth certificate and/or Identification Document/s

Surname:	Gender:
First Name(s):	
Date of Birth:	Current Grade:
For Admission into Grade:	In the Year:
Grade/s repeated:	Year/s repeated:
Home Language:	Nationality:
Identity no/ Passport no:	
Learner Enrolment Number:	
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:		
Learner's Enrolment number:		
Principal:	Tel no:	
Email:	Cell no:	
Last Grade passed:	Grades repeated:	
	Year/s repeated:	
Has admission to any other school been refused:	Yes	No
Financial clearance certificate provided:	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:	
In case of EMERGENCY:	
Alternative emergency phone number/s (not the Parents') and Name/s	

Specify Medical Diagnosis, assessment of medical condition e.g. ADHD, ASD, Dyslexia etc. *(Please attach all medical and therapy documentation as reference)		
Special Medical Conditions: If yes, please give details		
Chronic Illness(es) or disability	Yes	No
Allergies to Medicine	Yes	No
Allergies to food, medication etc.	Yes	No
Recent operations or hospitalisation	Yes	No
Contagious or notifiable illness	Yes	No
Which hand does the child write with? (dominant hand)		
Which leg does the child kick with? (dominant leg)		
Which eye is dominant?		
Which ear is dominant?		
Has the child had hearing screening done?		
Has the child had visual screening done?		

SECTION FOUR: Parent/ Guardian Information (Please ensure that this section is completed for both parents)

	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/ Parenting Plan.	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: Transport Arrangements

Name of:	Person or company name and contact number:
Transport Company	
Regular Transporter	
Alternative Transporter/s	
Emergency Contact	

SECTION SIX: School Fees and Financial Information

Person responsible for the school fees		Father	Mother	Other
Surname		First Name/s		
I ELECT TO PAY SCHOOL FEES:		PLEASE SELECT AN OPTION		
MONTHLY IN ADVANCE * *Over a period of 12 months *Parents may elect to pay the same annual amount over 10 months.			R	
TERMLY (3 PAYMENTS) less 2.5%				
ANNUALLY (once off) less 5%				
SIBLING DISCOUNT/s 1 = 10% 2 = 15%				
<i>*If a monthly or termly option is selected, a debit order must be completed.</i> <i>*Please note that the school may require additional documentation such as, but not limited to payslips, bank statements etc. when applying for payment extensions or financial support.</i>				
REGISTRATION FEE R500				
ENROLMENT FEE – R (non-refundable) (can be paid in tranches) Should the second option be chosen, a written, signed undertaking is required.				
Trial week (only where applicable) R 2000 Credited to school fees if learner is enrolled.				

SECTION SEVEN: Debit Order Details: COMPULSORY INFORMATION

I hereby authorise Chrysalis Academy to inter alia, debit my account for school fees payable on a [monthly / termly / annual] [circle or tick as applicable] basis. I also give permission for additional costs such as compulsory stationery, exercise books and text books as well as incidentals such as outings or school uniform items to be deducted from this account. Should a payment bounce, I will be responsible for additional service fees or penalties charged - as set out in the school contract.

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 EIGHT: CREDIT REFERENCES

Chrysalis Academy will, inter alia, refer to the following concerns listed by me/us or make use of references provided by accredited credit bureaux to obtain any credit references. My/our chosen credit provider/s is/are as follows:

Nominate a bank and/or another referee such as Edgars etc.:

Bank/Credit provider	Other Credit provider
Acc. Name	Acc. No
Acc. Name	Acc. 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 NINE: SCHOOL BANKING DETAILS

Payments must be made out to:
 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 service or deposit 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 R255 per transaction or the higher fee should the Bank fees exceed R255. 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.

SECTION TEN: PHOTOGRAPHIC AND PROMOTIONAL PERMISSIONS

CHRYSALIS ACADEMY may use photographic images, video material or recorded performances by learners in promotional material or on its website and other social media for the purposes of promoting the image of the school and to advertise its programs and activities. The parent/s, guardian/s give permission for the school to do so at its discretion.

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(Signature 1 of parent/guardian)

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(Signature 2 of parent/guardian)