

DOT'S LEARNING CENTRE APPLICATION FOR ADMISSION

Curro Holdings Ltd Reg No 1998/025801/06 / VAT Reg No 4670183484



YEAR APPLIED FOR _____

GRADE APPLIED FOR GRADE

R	1	2	3	4	5	6	7	8	9	10	11	12
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SCHOOL TRANSPORT YES NO

MONTH AND YEAR APPLIED FOR _____ BUS ROUTE APPLIED FOR: _____

AM

PM

⇒ **MOST IMPORTANT**
This Application for Admission will only be processed if ALL fields are completed legibly, are signed and ALL necessary supporting documents are attached.

NECESSARY SUPPORTING DOCUMENTS, COMPLETED SECTIONS AND FORMS

<input type="checkbox"/> CEMIS Transfer Document once available <input type="checkbox"/> Copy of Learner's FINAL Progress Report once available <input type="checkbox"/> Copy of Learner's latest Progress Report <input type="checkbox"/> Copy of Learner's Birth Certificate/ID Document <input type="checkbox"/> Copy of Learner's Vaccination Records if available <input type="checkbox"/> Copy of Learner's Residence/Study Permit, if foreign	<input type="checkbox"/> Copy of Parents'/Legal Guardians' ID Documents <input type="checkbox"/> Completed and Signed Debit Order Form <input type="checkbox"/> Subject Choice Form (FET Phase: Gr 10 - Gr 12) <input type="checkbox"/> Sections 1 - 10 completed and signed <input type="checkbox"/> Non-refundable registration fee	TWO RECENT COLOUR PHOTOS OF LEARNER (ID SIZE)
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FOR OFFICE USE

INTERVIEW DATE _____ NOTES _____ _____ _____	APPROVED _____ DATE _____ COMMENCEMENT DATE _____ GROUP/GRADE _____	FAMILY CODE _____ CREDIT REFERENCE _____ SIBLINGS AT THE SCHOOL 1 _____ 2 _____
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SECTION 1 : LEARNER'S PERSONAL DETAILS

SURNAME _____ FULL NAMES AS ON BIRTH CERTIFICATE/ID DOCUMENT _____

PREFERRED NAME _____ IDENTITY NUMBER _____

DATE OF BIRTH

Y	Y	Y	Y
---	---	---	---

M	M
---	---

D	D
---	---

 AGE _____ GENDER

MALE

FEMALE

HOME AND OTHER SPOKEN LANGUAGE/S HOME _____ OTHER _____

LANGUAGE/S OF LEARNING AND TEACHING FIRST _____ SECOND _____

NUMBER OF CHILDREN IN FAMILY _____ POSITION OF CHILD IN FAMILY _____

NATIONALITY _____ COUNTRY OF ORIGIN _____ DATE OF IMMIGRATION _____

RACE

ASIAN

AFRICAN

COLOURED

INDIAN

WHITE

OTHER

RELIGION _____ RESIDENCE

PARENTS

GUARDIANS

HOSTEL

TRANSPORT TO/FROM SCHOOL

MOTOR VEHICLE

MOTORBIKE

BUS

TAXI

BICYCLE

WALK

LEARNER'S CELL PHONE NUMBER _____

SECTION 2 : LEARNER'S EDUCATION DETAILS

CURRENT SCHOOL _____ PREVIOUS SCHOOL _____

ADDRESS _____ ADDRESS _____

_____ CODE _____ CODE _____

TEL NO _____ CODE _____ TEL NO _____ CODE _____

PRINCIPAL _____ PRINCIPAL _____

LAST GRADE PASSED _____ YEAR _____ GRADE/S REPEATED _____

HAS ADMISSION TO ANY OTHER SCHOOL/S EVER BEEN REFUSED? IF YES, PLEASE STATE REASON. YES NO

REASON _____

ACADEMIC ACHIEVEMENTS	EXTRACURRICULAR ACHIEVEMENTS	OTHER ACHIEVEMENTS

SECTION 3 : LEARNER'S MEDICAL DETAILS

BLOOD TYPE O+ O- A+ A- AB+ AB- B+ B- UNKNOWN

FAMILY DOCTOR NAME _____ TEL NO _____

ADDRESS _____ CODE _____

MEDICAL AID NAME _____ MEMBER NUMBER _____

MAIN MEMBER INITIALS AND SURNAME _____ MAIN MEMBER ID NUMBER _____

OPTION _____

HAS THE LEARNER RECEIVED ALL THE NECESSARY IMMUNISATIONS? IF NO, PLEASE STATE REASON. YES NO

REASON _____

HAS THE LEARNER SUFFERED FROM ANY OF THE FOLLOWING ILLNESSES? PLEASE INDICATE WITH AN X.

<input type="checkbox"/> ASTHMA	<input type="checkbox"/> ENTERIC FEVER	<input type="checkbox"/> MEASLES	<input type="checkbox"/> SCARLET FEVER
<input type="checkbox"/> CHICKEN POX	<input type="checkbox"/> GERMAN MEASLES	<input type="checkbox"/> MUMPS	<input type="checkbox"/> TICKBITE FEVER
<input type="checkbox"/> DIABETES	<input type="checkbox"/> HEPATITIS	<input type="checkbox"/> POLIO	<input type="checkbox"/> TYPHOID FEVER
<input type="checkbox"/> DIPHTHERIA	<input type="checkbox"/> MALARIA	<input type="checkbox"/> RHEUMATIC FEVER	<input type="checkbox"/> WHOOPING COUGH

DOES THE LEARNER SUFFER FROM ANY ALLERGIES? YES NO

IF YES, PLEASE GIVE DETAILS. _____

DOES THE LEARNER HAVE ANY SPECIAL MEDICAL NEEDS? YES NO

IF YES, PLEASE GIVE DETAILS. _____

DOES OR HAS THE LEARNER SUFFERED FROM ANY OTHER ILLNESSES OR DISABILITIES? YES NO

IF YES, PLEASE GIVE DETAILS. _____

SECTION 3 : LEARNER'S MEDICAL DETAILS (CONTINUED)

IS THE LEARNER RECEIVING MEDICAL TREATMENT FOR ANY CONDITION?

YES	NO
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IF YES, PLEASE GIVE DETAILS. _____

IS OR HAS THE LEARNER SUFFERED FROM OR RECEIVED TREATMENT FOR ANY PSYCHOLOGICAL OR EMOTIONAL UPSET?

YES	NO
-----	----

IF YES, PLEASE GIVE DETAILS. _____

HAS THE LEARNER HAD ANY OPERATIONS?

YES	NO
-----	----

IF YES, PLEASE GIVE DETAILS. _____

PLEASE SPECIFY ANY OTHER RELEVANT MEDICAL DETAILS. _____

SECTION 3 : LEARNER'S MEDICAL DETAILS - CONSENT

IN A CRITICAL MEDICAL SITUATION, PLEASE BEAR IN MIND THAT THERE MAY NOT BE TIME TO REFER TO THE LEARNER'S RECORDS. THE SCHOOL THEREFORE RESERVES THE RIGHT TO UTILISE THE QUICKEST MEDICAL SERVICE AVAILABLE.

I, _____ BEING THE PARENT/LEGAL GUARDIAN OF _____
HEREBY AGREE THAT A MEDICAL PRACTITIONER MAY PROVIDE EMERGENCY TREATMENT AS MAY BE NECESSARY.

SIGNATURE OF PARENT/LEGAL GUARDIAN _____

SECTION 4 : DETAILS OF FATHER/STEPFATHER/LEGAL GUARDIAN

COMPLETE ONLY IF **NOT** THE ACCOUNT HOLDER. REFER TO SECTION 7.

SURNAME _____ FULL NAMES AS IN ID DOCUMENT _____

DESIGNATION _____

MR	MRS	MS	MISS	DR	REV	PROF	OTHER	_____
----	-----	----	------	----	-----	------	-------	-------

IDENTITY NUMBER _____

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

RELATIONSHIP _____ MARITAL STATUS _____

OCCUPATION _____ EMPLOYER _____

RESIDENTIAL ADDRESS _____ WORK ADDRESS _____ POSTAL ADDRESS _____

_____ CODE _____ CODE _____ CODE

TEL H _____ CODE _____ TEL W _____ CODE _____ CELL _____

EMAIL ADDRESS (PLEASE WRITE LEGIBLY) _____

PARENTAL STATUS	LEARNER LIVING WITH PARENT/S	LEARNER'S LEGAL GUARDIAN	ACCESS RIGHTS TO LEARNER	ACCESS RIGHTS IN AN EMERGENCY ONLY
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SECTION 7 : DETAILS OF ACCOUNT HOLDER (CONTINUED)

DETAILS OF CHILDREN IN YOUR CARE WHO ARE CURRENTLY AT THIS SCHOOL

1 NAME _____	GR _____	2 NAME _____	GR _____
3 NAME _____	GR _____	4 NAME _____	GR _____

PAYMENT OPTION MONTHLY DEBIT ORDER

SECTION 8 : SIGNATURE OF PARENTS/LEGAL GUARDIAN AND/OR ACCOUNT HOLDER

We, the undersigned, _____, hereby certify that the information provided in this Application for Admission is complete and accurate. We acknowledge that enrolment is subject to, inter alia, signing a Learner Admission Contract that contains the detailed terms, conditions and requirements for admission.

We hereby authorise the School and/or any of its associates to conduct any credit enquiries on us as may be necessary from time to time.

We acknowledge that we have read the School Specific Policies and School Rules and will accept an offer of placement for our child at the School in accordance with the terms and conditions as set out therein. These documents, as amended from time to time, are available on the official School website.

NB: The signatures of the account holder and both parents and / or legal guardians are required where applicable.

SIGNATURE OF ACCOUNT HOLDER _____
DATE

SIGNATURE OF FATHER/ STEPFATHER / LEGAL GUARDIAN _____
DATE

SIGNATURE OF MOTHER/STEPMOTHER/LEGAL GUARDIAN _____
DATE

SECTION 9 : SURVEY - SERVICES/FACILITIES REQUIRED

SCHOOL TRANSPORT	<input type="checkbox"/> YES	<input type="checkbox"/> NO	FROM WHERE? _____
HOLIDAY CARE	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
MUSIC TUITION	<input type="checkbox"/> YES	<input type="checkbox"/> NO	INSTRUMENT/S _____

SECTION 10 : SURVEY - MARKETING

WHERE DID YOU HEAR ABOUT US? PLEASE INDICATE WITH AN X.

<input type="checkbox"/> BILLBOARD	<input type="checkbox"/> NEWSPAPER	<input type="checkbox"/> MAGAZINE	<input type="checkbox"/> RADIO
<input type="checkbox"/> PRESENTATION	<input type="checkbox"/> BROCHURE	<input type="checkbox"/> FLYER	<input type="checkbox"/> EXHIBITION
<input type="checkbox"/> FRIEND	<input type="checkbox"/> WEB	<input type="checkbox"/> OTHER/SPECIFY _____	

PLEASE INDICATE HOW SATISFIED YOU WERE WITH THE SERVICE RECEIVED PRE-ENROLMENT.

VERY SATISFIED SATISFIED UNSATISFIED VERY UNSATISFIED

WAS THE INFORMATION RECEIVED PRE-ENROLMENT:

RELEVANT INFORMATIVE SUFFICIENT

IF NOT, PLEASE PROVIDE FURTHER DETAILS. _____

