



Curro DigiEd School admission application

Curro Holdings Ltd/Reg. no. 1998/025801/06/VAT Reg. no. 4670183484

School name	<input type="text"/>	Promo/employee no.	<input type="text"/>
		Year applied for	<input type="text"/>
		Family code (existing parents only)	<input type="text"/>

Section 1: Application details

⇒ Please confirm availability at applicable school.

Grade (school): 8 9 10 11 12

Section 2: Learner details

Surname	<input type="text"/>											
Name/s as on birth certificate/ID	<input type="text"/>											
Preferred name	<input type="text"/>											
ID number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of birth	<input type="text" value="YYYY/MM/DD"/>	Current age	<input type="text"/>	Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female						
Home language	<input type="text"/>			2nd language	<input type="text"/>							
1st teaching language	<input type="text"/>			2nd teaching language	<input type="text"/>							
Number of children in family	<input type="text"/>	Position of child in family	<input type="text"/>									
Nationality	<input type="text"/>	Country of origin	<input type="text"/>	Immigration date	<input type="text"/>							
Race:	<input type="checkbox"/> Asian	<input type="checkbox"/> African	<input type="checkbox"/> Coloured	<input type="checkbox"/> White	<input type="checkbox"/> Indian	<input type="checkbox"/> Other						
Resides with:	<input type="checkbox"/> Parents	<input type="checkbox"/> Guardian	<input type="checkbox"/> Boarding									
Learner cell number	<input type="text"/>			Religion	<input type="text"/>							
Transport:	<input type="checkbox"/> Car	<input type="checkbox"/> Motorcycle	<input type="checkbox"/> Bus	<input type="checkbox"/> Taxi	<input type="checkbox"/> Bicycle	<input type="checkbox"/> Walk						
Person dropping learner at school:				Person collecting learner from school:								
Name	<input type="text"/>			Name	<input type="text"/>							
Relationship	<input type="text"/>			Relationship	<input type="text"/>							

Section 3: For office use

Interview date	<input type="text"/>	Approved	<input type="text" value="YES/NO"/>	Family code	<input type="text"/>
Notes		Date approved	<input type="text"/>	Credit reference	<input type="text"/>
		Commencement date	<input type="text"/>	Siblings at the school	1
		Group/Grade	<input type="text"/>		2

Section 4: Saturday programme

Will the learner be attending the school's Saturday programme? Yes No

⇒ Please confirm times or schedules at applicable school.

Section 5: Learner's education details

Current school	<input type="text"/>	Previous school	<input type="text"/>
Address	<input type="text"/>	Address	<input type="text"/>
	<input type="text"/>		<input type="text"/>
	<input type="text"/>		<input type="text"/>
Tel. no.	<input type="text"/>	Tel. no.	<input type="text"/>
Principal	<input type="text"/>	Principal	<input type="text"/>

Last grade passed Year Grade/s repeated

Has admission to any other school/s ever been refused? Yes No

If yes, please state the reason below:

Academic achievements	Extramural achievements	Other achievements
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Section 6: Learner's medical details

Blood type O+ O- A+ A- AB+ AB- B+ B- Unknown

Family doctor

Name Tel. no.

Address

Medical aid

Name Member no.

Main member initials and surname

Main member ID number

Option

Has learner received all the necessary immunisations? Yes No

If no, please state the reason below:

Section 6: Learner's medical details (continued)

Has the learner suffered from any of the following illnesses? Please indicate with an X.

Asthma	Enteric fever	Measles	Scarlet fever
Chickenpox	German measles	Mumps	Tick bite fever
Diabetes	Hepatitis	Polio	Typhoid fever
Diphtheria	Malaria	Rheumatic fever	Whooping cough

Does the learner suffer from any allergies? Yes No

If yes, please provide details below:

Does the learner have any special medical needs? Yes No

If yes, please provide details below:

Does/has the learner suffered from any other illnesses/disabilities? Yes No

If yes, please provide details below:

Is the learner receiving medical treatment for any condition? Yes No

If yes, please provide details below:

Is/has the learner suffered from or received treatment for any psychological/emotional upset? Yes No

If yes, please provide details below:

Has the learner had any operations? Yes No

If yes, please provide details below:

Please specify any other relevant medical details:

Section 7: 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

Date

Section 8: Necessary supporting documents, completed sections and forms

⇒ **Important note:** This application will only be processed if all fields are completed legibly, are signed, and all necessary supporting documents are attached.

CEMIS transfer document if available

Copy of parents'/legal guardians' IDs

Copy of learner's FINAL progress report once available

Completed boarding facilities if applicable

Copy of learner's latest progress report

Completed and signed debit order form

Copy of learner's birth certificate/ID

Subject choice form (Grades 10 to 12)

Copy of learner's residence/study permit, if foreign

All sections completed and signed

TWO RECENT
COLOUR PHOTOS
OF LEARNER
(ID SIZE)

Section 9: Personal details of father, stepfather, or legal guardian

⇒ Complete only if NOT the account holder, as referred to in section 12.

Surname

Full names as on ID

ID number

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Designation

Mr

Mrs

Ms

Miss

Dr

Rev.

Prof.

Other

Relationship

Marital status

Occupation

Employer

Residential address

Work address

Postal address

Residential address	Work address	Postal address
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Tel. H

Tel. W

Cell

Email address

Parental status:

Learner living with male parent/guardian

Learner's legal guardian

Access rights to learner

Access rights in emergency only

Section 10: Personal details of mother, stepmother, or legal guardian

⇒ Complete only if NOT the account holder, as referred to in section 12.

Surname

Full names as on ID

ID number

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Designation

Mr

Mrs

Ms

Miss

Dr

Rev.

Prof.

Other

Section 10: Personal details of mother, stepmother, or legal guardian (continued)

Relationship	<input type="text"/>	Marital status	<input type="text"/>
Occupation	<input type="text"/>	Employer	<input type="text"/>

Residential address	Work address	Postal address
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Tel. H Tel. W Cell

Email address

Parental status	Learner living with female parent/guardian	Learner's legal guardian
	Access rights to learner	Access rights in emergency only

Section 11: Emergency contact details (not parental)

Full names and surname	<input type="text"/>		
Relationship	<input type="text"/>		

Tel. H Tel. W Cell

Email address

Section 12: Details – person responsible for account

Surname	<input type="text"/>											
Full names as on ID	<input type="text"/>											
ID number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Designation	Mr	Mrs	Ms	Miss	Dr
	Rev.	Prof.	Other	<input type="text"/>	

Relationship	<input type="text"/>	Marital status	<input type="text"/>
Occupation	<input type="text"/>	Employer	<input type="text"/>

Residential address	Work address	Postal address
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Tel. H Tel. W Cell

Email address

Section 12: Details – person responsible for account (continued)

Parental status: Learner living with this person Learner's legal guardian
 Access rights to learner Access rights in emergency only

Details of children in your care who are currently at this school:

1. Name	<input type="text"/>	Gr	<input type="text"/>	2. Name	<input type="text"/>	Gr	<input type="text"/>
3. Name	<input type="text"/>	Gr	<input type="text"/>	4. Name	<input type="text"/>	Gr	<input type="text"/>

Payment option Please complete the debit order form.

Section 13: Signature of parent, 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 14: Survey – services or facilities required

Holiday programme Yes No

Music tuition Yes No Instruments

Section 15: Survey – marketing

Where did you hear about us? Please indicate with an X.

Billboard	Newspaper	Magazine	Radio	Presentation
Friend	Brochure	Flyer	Exhibition	Web

Other (specify):

Section 15: Survey – marketing (continued)

How satisfied were you with the service you received pre-enrolment?

Very satisfied Satisfied Unsatisfied Very unsatisfied

Was the information received pre-enrolment:

Relevant Informative Sufficient

If not, please provide further details below:

