

Curro Academy 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.

Group (nursery)	1	1.5	2	2.5	3	4	5/RR						
	Half day		Full day										
Grade (school)	R	1	2	3	4	5	6	7	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"/>	<input type="text"/>
Date of birth	<input type="text" value="YYYY/MM/DD"/>	Current age	<input type="text"/>	Gender:	<input type="text" value="Male"/>	<input type="text" value="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="text" value="Asian"/>	<input type="text" value="African"/>	<input type="text" value="Coloured"/>	<input type="text" value="White"/>	<input type="text" value="Indian"/>	<input type="text" value="Other"/>							
Resides with:	<input type="text" value="Parents"/>	<input type="text" value="Guardian"/>	<input type="text" value="Boarding"/>										
Learner cell number	<input type="text"/>			Religion	<input type="text"/>								
Transport:	<input type="text" value="Car"/>	<input type="text" value="Motorcycle"/>	<input type="text" value="Bus"/>	<input type="text" value="Taxi"/>	<input type="text" value="Bicycle"/>	<input type="text" value="Walk"/>							
Person dropping learner at school (nursery to Grade 7):						Person collecting learner from school (nursery to Grade 7):							
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	<input type="text" value="1"/>
		Group/Grade	<input type="text"/>		<input type="text" value="2"/>

Section 4: Aftercare

Will the learner require aftercare? Yes No

⇒ Please confirm availability at applicable school.

Please complete this section only if the learner will require aftercare:

Month and year applied for:

Aftercare option: Half day Full day Day visitor

Section 5: Boarding school accommodation

Will the learner require boarding facilities? Yes No

⇒ Please confirm availability at applicable school.

Please complete this section only if the learner will require boarding facilities:

Application date Year applied for

Boarding school applied for

Grade (school) R 1 2 3 4 5 6 7 8 9 10 11 12

Section 6: School transport

Will the learner require school transport? Yes No

⇒ Please confirm availability at applicable school.

Please complete this section only if the learner will require school transport:

Month and year applied for

Bus route applied for AM PM Return

Section 7: 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:

Section 7: Learner's education details (continued)

Academic achievements	Extramural achievements	Other achievements

Section 8: Learner's medical details

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

Family doctor

Name	<input type="text"/>	Tel. no.	<input type="text"/>
Address	<input type="text"/>		
	<input type="text"/>		

Medical aid

Name	<input type="text"/>	Member no.	<input type="text"/>
Main member initials and surname	<input type="text"/>		
Main member ID number	<input type="text"/>	<input type="text"/>	<input type="text"/>
Option	<input type="text"/>		

Has learner received all the necessary immunisations? Yes No

If no, please state the reason below:

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:

Section 8: Learner's medical details (continued)

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 9: 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 10: 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 vaccination records if available

All sections completed and signed

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

**TWO RECENT
COLOUR PHOTOS
OF LEARNER
(ID SIZE)**

Section 11: Personal details of father, stepfather, or legal guardian

⇒ Complete only if NOT the account holder, as referred to in section 14.

Surname

Full names as on ID

ID number

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Section 11: Personal details of father, stepfather, or legal guardian (continued)

Designation	Mr Rev.	Mrs Prof.	Ms Other	Miss	Dr	<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	<input type="text"/>	Tel. W	<input type="text"/>	Cell	<input type="text"/>	
Email address	<input type="text"/>					
Parental status:	Learner living with male parent		Learner's legal guardian			
	Access rights to learner		Access rights in emergency only			

Section 12: Personal details of mother, stepmother, or legal guardian

⇒ Complete only if NOT the account holder, as referred to in section 14.

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 Rev.	Mrs Prof.	Ms Other	Miss	Dr	<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	<input type="text"/>	Tel. W	<input type="text"/>	Cell	<input type="text"/>							
Email address	<input type="text"/>											
Parental status	Learner living with female parent				Learner's legal guardian							
	Access rights to learner				Access rights in emergency only							

Section 13: Emergency contact details (not parental)

Full names and surname					
Relationship					
Tel. H		Tel. W		Cell	
Email address					

Section 14: Details – person responsible for account

Surname												
Full names as on ID												
ID number												
Designation	Mr	Mrs	Ms	Miss	Dr							
	Rev.	Prof.	Other									
Relationship					Marital status							
Occupation					Employer							
Residential address				Work address				Postal address				
Tel. H		Tel. W		Cell								
Email address												

Parental status: Learner living with 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		Gr		2. Name		Gr	
3. Name		Gr		4. Name		Gr	

Payment option Monthly debit order Please complete the debit order form.

Section 15: 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.

Section 15: Signature of parent, legal guardian, and/or account holder (continued)

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 16: Survey – services or facilities required

School transport Yes No From where

Holiday care Yes No

Music tuition Yes No Instruments

Section 17: 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):

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:

CURRO
Academy