



## SECTION B: PREVIOUS SCHOOLS

SCHOOL 1 \_\_\_\_\_

SCHOOL 2 \_\_\_\_\_

NAME OF PRINCIPAL : \_\_\_\_\_

NAME OF PRINCIPAL : \_\_\_\_\_

ADDRESS \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_ CODE: \_\_\_\_\_

\_\_\_\_\_ CODE: \_\_\_\_\_



\_\_\_\_\_



\_\_\_\_\_

LAST GRADE PASSED : \_\_\_\_\_ IN WHICH YEAR : \_\_\_\_\_ WHICH GRADE HAS BEEN REPEATED : \_\_\_\_\_

HAS ADMISSION TO ANY OTHER SCHOOL EVER BEEN REFUSED :

 Yes

 No

### ACHIEVEMENTS:

Academic	Extra Curricular	Other

## SECTION C: MEDICAL INFORMATION

ALLERGIES : \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

SPECIAL NEEDS : \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

FAMILY DOCTOR 1 \_\_\_\_\_ Tel No (\_\_\_\_) \_\_\_\_\_

FAMILY DOCTOR 2 \_\_\_\_\_ Tel No (\_\_\_\_) \_\_\_\_\_

MEDICAL AID COMPANY \_\_\_\_\_

MEDICAL AID MEMBERSHIP NUMBER \_\_\_\_\_

Has the student received all the necessary immunisation? Yes / No (if not, please give details) \_\_\_\_\_  
 \_\_\_\_\_

Student has suffered the following illnesses : (indicate with an X)

- Asthma
- Chicken Pox
- Diabetes
- Diphtheria

- Enteric Fever
- German Measles
- Hepatitis
- Malaria

- Measles
- Mumps
- Poliomyelitis
- Rheumatic Fever

- Scarlet Fever
- Tickbite Fever
- Typhoid Fever
- Whooping Cough

## SECTION C (continued)

Does student suffer from any other illnesses or disability or has learner suffered from any other illnesses or disability?

(If so, please give details) \_\_\_\_\_  
\_\_\_\_\_

Is student at present receiving medical treatment for any condition? (If so, please state) \_\_\_\_\_  
\_\_\_\_\_

Has student suffered from or been treated for any psychological or emotional upset? (If so, please provide details) \_\_\_\_\_  
\_\_\_\_\_

Has student had any operations? (If so, please state) \_\_\_\_\_  
\_\_\_\_\_

Please specify any other relevant medical data \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## CONSENT

**NB: IN A CRITICAL SITUATION, PLEASE BEAR IN MIND THAT THERE MAY NOT BE TIME TO REFER TO YOUR CHILD'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 the appointed Curro Private School Practitioner may carry out emergency treatment as may be necessary.

Signature of Parent / Guardian : \_\_\_\_\_

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

NAMES of brothers		GRADE	NAMES of sisters		GRADE
1			1		
2			2		
3			3		
4			4		

## SCHOOL FEES STRUCTURE

Please mark your choice with an ✕

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Monthly

Quarterly

Annually

School fees are payable over 12 months (2008)

Grades R & O	R1 470,00	Grades 1 - 3	R1 740,00
Grades 4 - 7	R1 770,00	Grades 8 & 9	R2 340,00
Grades 10 - 12	R2 985,00		

## ENROLMENT FEES

Paid on registration of learner and is non-refundable when learner leaves the school

Grades R - 7	R4 500,00	Grades 8 & 9	R4 000,00
Grades 10 - 12	R3 000,00		



