

SECTION B : PREVIOUS SCHOOLS

SCHOOL 1 _____

SCHOOL 2 _____

NAME OF PRINCIPAL _____

NAME OF PRINCIPAL _____

ADDRESS _____

ADDRESS _____

_____ CODE _____

_____ CODE _____

TEL ☐☐☐ _____

TEL _____

LAST GRADE PASSED _____ YEAR _____ GRADE/S REPEATED _____

HAS ADMISSION TO ANY OTHER SCHOOL/S EVER BEEN REFUSED? YES NO

ACHIEVEMENTS

ACADEMIC	EXTRA CURRICULAR	OTHER

SECTION C : MEDICAL INFORMATION

ALLERGIES _____

SPECIAL NEEDS _____

FAMILY DOCTOR 1 _____ TEL NO _____ CODE _____

FAMILY DOCTOR 2 _____ TEL NO _____ CODE _____

MEDICAL AID _____

MEDICAL AID NUMBER _____

Has the learner received all the necessary immunisations? YES NO

If not, please give details. _____

Student has suffered 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 |

SECTION C : MEDICAL INFORMATION (continued)

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

YES	NO
-----	----

If yes, please give details. _____

Is the learner receiving medical treatment for any condition?

YES	NO
-----	----

If yes, please give details. _____

Has the learner suffered from or been treated 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 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 agrees 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

	NAME/S OF BROTHER/S	GRADE
1		
2		
3		
4		

	NAME/S OF SISTER/S	GRADE
1		
2		
3		
4		

SECTION F : DECLARATION

We, the undersigned, _____ hereby certify that the information given by us on this application is complete and accurate. We agree to the conditions as set out below.

We accept that the school is based on Christian principles and undertake not to undermine this position.

We agree that the prescribed number of learners per class may be exceeded through the placing of a current learner that has to repeat the grade.

The learner's application will be reconsidered in the case where relevant, important information, which should be brought to our attention, is withheld during the interview,

We have read the CURRO PRIVATE SCHOOL CONSTITUTION, CODE OF CONDUCT, SUBSTANCE ABUSE POLICY and DRESS CODE and will accept an offer of a place for our child at the school according to the conditions laid down therein.

NB: The signatures of both parents and / or guardians are required.

SIGNATURE OF FATHER / STEPFATHER / GUARDIAN

DATE

SIGNATURE OF MOTHER / STEPMOTHER / GUARDIAN

DATE

GENERAL INFORMATION

SECTION G : DETAILS OF ACCOUNT HOLDER

SURNAME	FULL NAMES																						
DESIGNATION	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">MR</td> <td style="padding: 2px;">MRS</td> <td style="padding: 2px;">MS</td> <td style="padding: 2px;">MISS</td> <td style="padding: 2px;">DR</td> <td style="padding: 2px;">REV</td> <td style="padding: 2px;">CAPT</td> <td style="padding: 2px;">COL</td> <td style="padding: 2px;">PROF</td> <td style="padding: 2px;">YOUR HON</td> <td style="padding: 2px;">OTHER</td> </tr> </table>			MR	MRS	MS	MISS	DR	REV	CAPT	COL	PROF	YOUR HON	OTHER									
MR	MRS	MS	MISS	DR	REV	CAPT	COL	PROF	YOUR HON	OTHER													
ID NUMBER	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>																						
RELATIONSHIP	MARITAL STATUS																						
OCCUPATION	EMPLOYER																						
ADDRESS 1 - RESIDENCE	ADDRESS 2 - WORK	ADDRESS 3 - POSTAL																					
CODE	CODE	CODE																					
TEL CODE	TEL CODE	TEL CODE																					
CELL	CELL	CELL																					
E-MAIL	E-MAIL																						
(PLEASE WRITE LEGIBLY)	(PLEASE WRITE LEGIBLY)																						
PARENTAL STATUS	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">LEARNER LIVING WITH PARENT</td> <td style="padding: 2px;">LEARNER'S LEGAL GUARDIAN</td> <td style="padding: 2px;">ACCESS RIGHTS TO LEARNER</td> <td style="padding: 2px;">ACCESS RIGHTS IN AN EMERGENCY ONLY</td> </tr> </table>			LEARNER LIVING WITH PARENT	LEARNER'S LEGAL GUARDIAN	ACCESS RIGHTS TO LEARNER	ACCESS RIGHTS IN AN EMERGENCY ONLY																
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INFORMATION REQUIRED BY YOU	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">FINANCIAL</td> <td style="padding: 2px;">ACADEMIC</td> <td style="padding: 2px;">ACTIVITIES</td> </tr> </table>			FINANCIAL	ACADEMIC	ACTIVITIES																	
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PAYMENT OPTION	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">MONTHLY</td> <td style="padding: 2px;">QUARTERLY</td> <td style="padding: 2px;">ANNUALLY</td> </tr> </table>			MONTHLY	QUARTERLY	ANNUALLY																	
MONTHLY	QUARTERLY	ANNUALLY																					

SECTION H : DECLARATION OF ACCOUNT HOLDER

I, the undersigned, _____ hereby certify that the information given by me on this application is complete and accurate.

We accept joint and several liability to CURRO HOLDINGS (PTY) LTD for the due and punctual payment of all school fees, enrolment fee (which is non-refundable) or any other amounts which may become due and payable to CURRO PRIVATE SCHOOL or in respect of participation in or attendance of any extra curricular activity.

I accept the Financial Terms and Conditions of which I have received a copy.

NB: The signature of the account holder as well as that of the 2nd parent is required.

SIGNATURE OF ACCOUNT HOLDER	DATE
SIGNATURE OF 2ND PARENT	DATE
SIGNATURE OF A CURRO REPRESENTATIVE	DATE

FINANCIAL TERMS AND CONDITIONS

1. ACCEPTANCE OF LIABILITY

- 1.1 The person/s responsible for the account (hereafter "the responsible person") as set out in the standard Curro Private School Application for Admission ("the Application Form") herewith assumes liability for the account, alternatively binds himself as co-debtor and surety for payment of all school fees to Curro Private School ("the School").
- 1.2 The guardian, as described in the Application Form, binds himself as surety and co-debtor for the payment of all school fees by the responsible person or any other payments that may arise from this agreement.

2. TERMS OF PAYMENT

- 2.1 It is recorded that school fees are determined at the beginning of the year and responsible persons are informed of the result in writing. After the yearly determination of fees all responsible persons are invoiced for the school fees.
- 2.2 The responsible person shall immediately inform the school if he has not received an invoice at the start of the academic year.
- 2.3 School fees for 12 months are payable monthly, quarterly or yearly in advance depending on the fee payment option exercised by the responsible person in the Application Form. .
- 2.4 Payments are to be made at the School without any deductions or set off on or before the first day of the month, quarter or year.
- 2.5 Enrolment fees are not refundable if the scholar leaves the school.
- 2.6 The School reserves the right to charge interest of prime +2% on all accounts that are in arrears by 30 days and longer.

3. BREACH OF CONTRACT

- 3.1 In the event where the undersigned surety, responsible person or guardian commits a breach of contract of any of the terms of this agreement, the school may in its sole discretion:
- 3.1.1 Refuse the scholar entry to the School's premises until the breach has been remedied; or
- 3.1.2 Claim damages from the responsible person and / or the sureties and guardian
- 3.1.3 Take whatever legal steps that may be necessary.

4. GENERAL

This Agreement constitutes the whole Agreement between the parties relating to the subject matter hereof. No amendment or consensual cancellation of this Agreement or any provision or term thereof or of any Agreement, bill of exchange or other document issued or executed pursuant to or in terms of this Agreement and no settlement of any disputes arising under this Agreement and no extension of time, waiver or relaxation or suspension of any of the provisions or terms of this Agreement or of any Agreement, bill of exchange or other document issued pursuant to or in terms of this Agreement shall be binding unless recorded in a written document signed by the parties. Any such extension, waiver or relaxation or suspension which is so given or made shall be strictly construed as relating strictly to the matter in respect whereof it was made or given

5. JURISDICTION

This Agreement is subject to South African law.

6. CREDIT INFORMATION

The responsible person, surety or guardian hereby consents to the disclosure and exchange of personal financial information to a credit bureau or financial institution in accordance with the Credit Act 2005.

7. DOMICILIUM

The parties choose as their domicilia citandi et executandi the addresses set out in the Application Form.

8. LEGAL FEES

In the event where the School takes legal action against the responsible person he will be liable for all legal fees on an attorney client scale, collection costs and commission, interest and tracing fees.

9. CANCELLATION

- 9.1 The responsible person undertakes to give one term's written notice of termination of the enrolment of a scholar, failing which the liability be incurred for the full amount of the following term's fees.
- 9.2 The Curro School shall be entitled to terminate the Enrolment of any scholar under the following circumstances:
- 9.2.1 Summarily, and with immediate effect, if the Scholar is guilty of an offence which, in the sole opinion of the School renders his continued enrolment at the School impossible, in which event the responsible person, after deduction of all amounts otherwise owing to the School, will be refunded a pro-rata proportion of any Fees already paid in advance in respect of such Scholar.

ENQUIRIES:

Mrs Engela Botha
021 975 6377
engela@curro.co.za



CURRO

CURRO GENERAL INDEMNITY

The School and the Directors undertake to implement reasonable and generally acceptable measures with regard to the safety and well being of all learners, educators and visitors to our School.

Due to the nature of the matter, the Directors can, however, not accept any responsibility for accidents that may take place in the class, on the school terrain or on the sports fields.

Each parent is therefore requested to complete this form as proof that you accept the position of the School and the Directors as set out above as well as the risks involved therewith.

I, the undersigned,

Full Names: _____

Address: _____

Tel: _____

being the parent or guardian of the under mentioned learner/s who is/are enrolled as such and accepted by Curro Private School, Roodeplaat, subject to the terms set out herein:

Name/s of Learner/s:

indemnify Curro Holdings and the Directors for the time being of the Curro Holdings (Pty) Ltd (Reg Nr 1998/025801/07) for any losses or damages in general, however it may occur, that I as parent or guardian of the above learner/s may suffer as a result of any occurrence whereby my child may be involved, whether as the causing or suffering party, whilst participating in any school activity.

In particular, I authorise that my aforesaid child/children may be involved in all excursions undertaken by his or her group or class during school days as part of his/her learning experience and where applicable I agree that he/she may utilise the transport arranged by the School for such excursions. I also indemnify the School and the Directors for any damages or losses I as parent or guardian of the above learner/s may suffer under such circumstances and voluntarily accept the risks associated therewith.

In the event of the aforesaid child/children making use of the bus service to and from the school, I acknowledge that I am aware that such service is operated by an independent contractor and that neither the School nor the Directors accept any responsibility therefore. (The Directors have, however, in awarding the right to operate the service, laid down certain conditions to ensure that the bus company complies with safety regulations and that the driver is sober and experienced with a proven and unblemished record.)

SIGNED AT _____ **ON THIS** _____ **DAY OF** _____ **20** _____.

AS WITNESSES:

1. _____

2. _____

PARENT / GUARDIAN