CALICO ACADEMY
ANTE ET SURSUM

APPLICATION FOR ADMISSION

YEAR 20___

Please complete with a black pen – R50 admin fee payable with submission

Attach Learner photo

LEARNER INFORMATION

FULL NAME:

SURNAME:

PREFERRED NAME:

DATE OF BIRTH:

NATIONALITY: RSA ☐   OTHER ☐

ID/PASSPORT NO.

RELIGIOUS DENOMINATION:

GENDER:

ETHNIC GROUP:

HOME LANGUAGE:

ENTRANCE GRADE AT CALICO:

METHOD OF TRANSPORT: Private ☐   Public ☐

TRANSPORT CONTACT:

TRANSPORT PHONE NO:

NEXT OF KIN INFORMATION

NAME:

CONTACT NO.:

RELATIONSHIP:

OFFICE USE ONLY

FAMILY CODE:

ADMISSION NO.:

ID ☐   ADMIN FEE PAID ☐

FAMILY INFORMATION

FAMILY STATUS: Both parents ☐

Single parent ☐   Foster care ☐

Parents divorced ☐   Recomposed ☐

Parent/s deceased: Mother ☐   Father ☐

CHRONIC DISEASES:

ALLERGIES:

MEDICATIONS:

MEDICAL AID INFORMATION

NAME:

MEMBERSHIP NO.:

TELEPHONE NO.:

MAIN MEMBER:

HOUSE DOCTOR:

CONTACT NO.:

ADDITIONAL INFORMATION

List disabilities/areas of concern and past extra mural participation:

PREVIOUS SCHOOL INFO

PREVIOUS SCHOOL:

PROVINCE:

HIGHEST GRADE
PASSED:

BIOLOGICAL PARENT (1)/LEGAL GUARDIAN INFORMATION

TITLE:

SURNAME:

FIRST NAMES:

RELATIONSHIP TO LEARNER:

DATE OF BIRTH:

ID NUMBER:

HOME LANGUAGE:

CONTACT NO.:

EMAIL ADDRESS:

OCCUPATION:

EMPLOYER:

WORK PHONE
NO.:

RESIDENTIAL ADDRESS:

POSTAL ADDRESS:

BIOLOGICAL PARENT (2)/LEGAL GUARDIAN INFORMATION

TITLE:

SURNAME:

FIRST NAMES:

RELATIONSHIP TO LEARNER:

DATE OF BIRTH:

ID NUMBER:

HOME LANGUAGE:

CONTACT NO.:

EMAIL ADDRESS:

OCCUPATION:

EMPLOYER:

WORK PHONE NO.:

RESIDENTIAL ADDRESS:

POSTAL ADDRESS:

DECLARATION OF PARENT/LEGAL GUARDIAN

I, _____ (Name of Parent / Guardian), hereby declare that the information supplied in this form is true and just and that I, by way of my signature hereunder, authorise the Management of the School or their representative to control and confirm any of the details supplied. I am aware that should any information supplied be found not to be true, I may be liable to a criminal offence.

Signed at _____on _____ day of_____ 20____.

Signature of Parent / Guardian: _____

PARTICULARS OF PERSON RESPONSIBLE FOR ACCOUNT

TITLE:	EMAIL ADDRESS:
SURNAME:	OCCUPATION:
FIRST NAMES:	EMPLOYER:
RELATIONSHIP TO LEARNER:	WORK PHONE NO.:
DATE OF BIRTH:	RESIDENTIAL ADDRESS:
ID NUMBER:	
HOME LANGUAGE:	
CONTACT NO.:	POSTAL ADDRESS:

IMPORTANT NOTICE

3rd Party payments (e.g. Company/Closed Corporation/Trust) It remains the responsibility of the parents/guardian to ensure that all fees are paid in full and on time. All and any correspondence with the Company/Closed Corporation/Trust remains the responsibility of the parent/guardian and NOT the school.

CONTRACT WITH SCHOOL IN REGARD TO PAYMENT

Agreement between CALICO ACADEMY and

_____

(Name and surname of parent/guardian)

with regards to the payment of school fees for

_____.

(Name and surname of learner)

a. Accept responsibility for the payment of fees for above child before or on the seventh (7th) day of each month:

Per month in advance ☐

Per term in advance ☐

Annually in advance ☐

b. I agree to inform the school in writing if I am unable to pay the fees. My child's admission will be secured for one (1) month.

c. I understand that the school will take the necessary legal steps to recover any outstanding fees.

d. I agree to give one (1) calendar month's notice should my child no longer attend school. In the last term, I undertake to give notice in October as November doesn't serve as a notice month.

e. I declare that the forms have been completed correctly. I have read and understand the acceptance requirements and school rules.

f. I / We the parents / guardian of _____ undertake to honour the agreement as set out above.

Signature of Parent / Guardian: _____ Date: _____

PERMISSION/CONSENT TO TAKE PART IN ALL ORGANISED ACADEMIC, SPORT, AND CULTURE ACTIVITIES

1. I, parent/guardian of _____ hereby give permission that he/she may participate in all academic, sport and culture activities presented by the school in an organised manner. To participate in tests conducted by the school support team with the object of improvement in schoolwork and to identify other problems.

2. I grant permission that my child may be transported by a public bus company approved by the school management. If there is only a small group of learners that needs to be transported, parents/teachers with valid driver's licences may be asked to transport them.

3. I accept that all reasonable precautions will be taken for the safety and wellbeing of my child and that I will be held responsible for the payment of the medical and/or hospital fees if enforced upon, in case of an injury which cannot be ascribed to the responsible personnel's coarse negligence.

4. I hereby delegate my powers as parent/guardian to the Principal of the school or representative if medical or surgical treatment may be needed for my child. As far as I know, he/she is physically able to participate in any organised activities and he/she resides in good health.

5. I confirm that all medical information supplied in the Learner Information section of this form is accurate and complete. This information may be used in case of an emergency.

6. I undertake to inform the school if any of the above information may change.

7. I undertake to support my child to obey the Code of Conduct and the disciplinary system of CALICO ACADEMY as included in the Policy of the school.

8. I hereby confirm that the school is allowed to use imagery of my child in promotional material (newspapers, website etc.)

Signature of Parent / Guardian: _____ Date: _____

INDEMNITY

I/We the parents/guardian of _____ (name of learner) indemnify unconditionally and without restriction CALICO ACADEMY and/or the shareholders of CALICO ACADEMY or any person employed by CALICO ACADEMY or any person acting on behalf of CALICO ACADEMY against my losses, claims, injury or death that may be caused to the above learner by virtue of his/her use of any of the facilities provided by CALICO ACADEMY.

Signed at _____ on _____ day of _____ 20____.

Signature of Parent / Guardian: _____