

GRANTLEIGH SCHOOLS APPLICATION FOR SCHOOL TRANSPORT

GRANTLEIGH



Curro Holdings Ltd Reg No 1998/025801/06 / VAT Reg No 4670183484

MONTH & YEAR APPLIED FOR

BUS ROUTE APPLIED FOR

ARBORETUM	AM	PM
MEERENSEE	AM	PM
KWAMBONAMBI	AM	PM
MTUBATUBA	AM	PM
ST LUCIA	AM	PM
MONZI	AM	PM
EMPANGENI	AM	PM
UMFLOZI	AM	PM
HLUHLUWE (MON & FRI)	AM	PM
MTUNZINI	AM	PM

FAMILY CODE

Ref 2015/002

SECTION 1 : STUDENT'S PERSONAL DETAILS

SURNAME

FULL NAMES AS ON BIRTH CERTIFICATE / ID DOCUMENT

PREFERRED NAME

IDENTITY NUMBER

CURRENT GRADE

CURRENT AGE

GENDER

MALE

FEMALE

CELL NUMBER

SECTION 2 : STUDENT'S MEDICAL DETAILS

FAMILY DOCTOR NAME

TEL NO

ADDRESS

CODE

MEDICAL AID NAME

MEMBER NUMBER

MAIN MEMBER

MAIN MEMBER

INITIALS & SURNAME

ID NUMBER

OPTION

SECTION 3 : STUDENT'S MEDICAL DETAILS - CONSENT

- In a critical medical situation, there may not be time to refer to the student's records. The School therefore reserves the right to utilise the quickest medical service available.
- Every effort will be made to contact the student's parents / step parents / legal guardian or emergency contact before such action is taken.
- The person responsible for school transport payments will be responsible for the payment of such care or treatment.

I hereby agree that a medical practitioner / the quickest medical service available may provide emergency treatment as may be necessary.

NAME - PARENT / LEGAL GUARDIAN

SIGNATURE

DATE

SECTION 4 : FATHER / STEPFATHER / LEGAL GUARDIAN'S PERSONAL DETAILS

SURNAME

FULL NAMES AS IN ID DOCUMENT

IDENTITY NUMBER

PHYSICAL ADDRESS

TEL H

TEL W

CELL

CODE

EMAIL ADDRESS (PLEASE WRITE LEGIBLY)

SECTION 5 : MOTHER / STEPMOTHER / LEGAL GUARDIAN'S PERSONAL DETAILS

SURNAME _____

FULL NAMES AS IN ID DOCUMENT _____

IDENTITY NUMBER _____

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PHYSICAL ADDRESS _____

TEL H _____

TEL W _____

CELL _____

_____ CODE _____

EMAIL ADDRESS (PLEASE WRITE LEGIBLY) _____

SECTION 6 : IN THE CASE OF AN EMERGENCY, ANOTHER CONTACT'S PERSONAL DETAILS

RELATIONSHIP _____

SURNAME _____

FULL NAMES AS IN ID DOCUMENT _____

PHYSICAL ADDRESS _____

TEL H _____

TEL W _____

CELL _____

_____ CODE _____

EMAIL ADDRESS (PLEASE WRITE LEGIBLY) _____

SECTION 7 : PERSONAL DETAILS OF PERSON RESPONSIBLE FOR PAYMENT

SURNAME _____

FULL NAMES AS IN ID DOCUMENT _____

IDENTITY NUMBER _____

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PHYSICAL ADDRESS _____

TEL H _____

TEL W _____

CELL _____

_____ CODE _____

EMAIL ADDRESS (PLEASE WRITE LEGIBLY) _____

SECTION 8 : PAYMENT TERMS AND CONDITIONS

- Fees are payable monthly in advance by debit order on or before the 2nd (second) day of each calendar month. No pro rata payments are permitted.
- No cancellation of bus routes will be accepted after August of each year. Please be aware that the bus fee is an annual fee levied over 12 (twelve) months for your payment convenience.
- Notice of cancellation must be given at least 1 (one) calendar month in advance. The necessary cancellation notice is available from the School.
- Should urgent notice be proved, e.g. a sudden transfer, the person responsible for payment will be held accountable for outstanding amounts only until the end of the relevant month.
- The notice of cancellation will only be valid if signed by the parent / legal guardian and an authorised school representative.
- In the case of the student not making use of the school transport for the full month, the person responsible for payment will still be liable for the full amount for the full period. This excludes students leaving the School.
- Debit orders must be cancelled by sending a written notice to the School's financial department. No refunds will be given in the case of late cancellations.
- School reports will be released only if all outstanding amounts have been paid in full

NAME - PERSON RESPONSIBLE FOR PAYMENT _____

SIGNATURE _____

DATE _____

NAME - AUTHORISED SCHOOL REPRESENTATIVE _____

SIGNATURE _____

DATE _____