

GRANTLEIGH SCHOOLS APPLICATION FOR AFTERCARE

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



TWO OR LESS DAYS PER WEEK PER MONTH

THREE OR MORE DAYS PER WEEK PER MONTH

FAMILY CODE

Ref 2015/002

SECTION 1 : STUDENT'S PERSONAL DETAILS

SURNAME

FULL NAMES AS ON BIRTH CERTIFICATE / ID DOCUMENT

PREFERRED NAME

IDENTITY NUMBER

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CURRENT GRADE

CURRENT AGE

GENDER

MALE

FEMALE

HOME LANGUAGE

DATE OF BIRTH

LIVES WITH

CELL NUMBER

SECTION 2 : STUDENT'S MEDICAL DETAILS

FAMILY DOCTOR NAME

TEL NO

ADDRESS

CODE

MEDICAL AID NAME

MEMBER NUMBER

MAIN MEMBER
INITIALS & SURNAME

MAIN MEMBER
ID NUMBER

OPTION

ALLERGIES

MEDICATION

SECTION 3 : STUDENT'S MEDICAL DETAILS - CONSENT

- In a critical medical situation, there may not be time to refer to the student's records. Aftercare 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 aftercare 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

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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 _____

CODE _____

CELL _____

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 _____

CODE _____

CELL _____

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 _____

CODE _____

CELL _____

EMAIL ADDRESS (PLEASE WRITE LEGIBLY) _____

SECTION 8 : PAYMENT TERMS AND CONDITIONS

- Registration occurs annually.
- Fees for 12 (twelve) months 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.
- The minimum registration period is 1 (one) quarter (January to March / April to June / July to September / October to December).
- Should a student make use of aftercare for only 1 (one) or 2 (two) days of a month, fees for a full month will be applicable.
- Notice of cancellation will only be accepted on a quarterly basis, at least 1 (one) calendar month before the end of a quarter. 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 aftercare facilities for the full quarter, the person responsible for payment will still be liable for the full amount for the quarter.
- 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.
- Reregistration may only be done at the beginning of a quarter. This excludes new applicants.
- 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 _____