

11. APPLICATION FORM 2025

Child's first name and surname:	<input type="text"/>	GENDER: M / F <input type="radio"/> M <input type="radio"/> F
Child's date of birth:	<input type="text"/> yyyy / mm / dd	
Mother's first name and surname:	<input type="text"/> <input type="text"/>	
Mother's I.D. number:	<input type="text"/> <input type="text"/> <input type="text"/>	
Employer:	CONTACT NO: <input type="text"/> <input type="text"/>	
Father's first name and surname:	<input type="text"/> <input type="text"/>	
Father's I.D. number:	CELL NO: <input type="text"/> <input type="text"/>	
Employer:	EMAIL: <input type="text"/> <input type="text"/>	
Child's residential address:	<input type="text"/> <input type="text"/>	
Child's domestic arrangements:	<input type="text"/>	
Does your child have any allergies or medical conditions?	<input type="text"/>	
Doctor's contact details:	<input type="text"/>	
Contact reference in case of emergency (other than the parents):	NAME: <input type="text"/>	
	CELL NO: <input type="text"/>	
	RELATIONSHIP: <input type="text"/>	
Your child's previous school:	<input type="text"/>	
Contact details:	<input type="text"/> <input type="text"/>	

Any other third party reference:

CELL NO:

RELATIONSHIP TO APPLICANT:

I, the undersigned, acknowledge that I have read this Policy Document and that I understand the contents thereof and REGARD IT AS LEGALLY BINDING UPON ME. Further, I warrant that to the best of my knowledge the information contained herein and as provided by me is correct.

SIGNED:

DATE:

yyyy / mm / dd

I, unconditionally and notwithstanding anything contained elsewhere herein to the contrary, indemnify and hereby irrevocably and hold harmless Chrysalis Private School and its staff against any loss, claim, liability, expense or damage of whatsoever nature which I, my child or family may suffer due to any actions and/or omissions of Chrysalis Private School and its staff whilst my child is within their care.

SIGNATURE:

(PARENT/GUARDIAN)

12. ACCOMPANYING DOCUMENTATION

CHILD'S NAME

GRADE:

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	Document
<input type="checkbox"/>	Child's birth certificate
<input type="checkbox"/>	Copy of mother's ID
<input type="checkbox"/>	Copy of father's ID
<input type="checkbox"/>	Copy of child's most recent school report
<input type="checkbox"/>	Signed and witnessed application form (each page initialled)
<input type="checkbox"/>	Proof of payment R2000 registration fee if applying for the first time
<input type="checkbox"/>	Proof of payment Development Fund