

11. APPLICATION FORM 2025

Child's first name and surname:

GENDER: M / F ☐ M ☐ F

Child's date of birth:

CHILD'S I.D. NUMBER:

Mother's first name and surname:

CELL NO:

Mother's I.D. number:

EMAIL:

Employer:

CONTACT NO:

Father's first name and surname:

CELL NO:

Father's I.D. number:

EMAIL:

Employer:

CONTACT NO:

Child's residential address:

Child's domestic arrangements:

Does your child have any allergies or medical conditions?

Doctor's contact details:

NAME:

Contact reference in case of emergency (other than the parents):

CELL NO:

RELATIONSHIP:

Your child's previous school:

Contact details:

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:

	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