

# Curro Online school admission application

**CURRO**  
Online

Curro Holdings Ltd/Reg. no. 1998/025801/06/VAT Reg. no. 4670183484

School name	<input type="text"/>	Promo/employee no.	<input type="text"/>
		Year applied for	<input type="text"/>
		Family code (existing parents only)	<input type="text"/>

## Section 1: Application details

⇒ Please confirm availability at applicable school.

Grade (school):    4       5       6       7       8       9

## Section 2: Learner details

Surname	<input type="text"/>											
Name/s as on birth certificate/ID	<input type="text"/>											
Preferred name	<input type="text"/>											
ID number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of birth	<input type="text" value="YYYY/MM/DD"/>	Current age	<input type="text"/>	Gender:	Male	Female						
Home language	<input type="text"/>	2nd language	<input type="text"/>									
1st teaching language	<input type="text"/>	2nd teaching language	<input type="text"/>									
Number of children in family	<input type="text"/>	Position of child in family	<input type="text"/>									
Nationality	<input type="text"/>	Country of origin	<input type="text"/>	Immigration date	<input type="text"/>							
Race:	Asian	African	Coloured	White	Indian	Other						
Resides with:	Parents	Guardian										
Learner cell number	<input type="text"/>	Religion	<input type="text"/>									

## Section 3: For office use

Interview date	<input type="text"/>	Approved	YES/NO	Family code	<input type="text"/>
Notes		Date approved	<input type="text"/>	Credit reference	<input type="text"/>
		Commencement date	<input type="text"/>	Siblings at the school	1
		Group/Grade	<input type="text"/>		2

## Section 4: Learner's education details

Current school	<input type="text"/>	Previous school	<input type="text"/>
Address	<input type="text"/>	Address	<input type="text"/>
	<input type="text"/>		<input type="text"/>
Tel. no.	<input type="text"/>	Tel. no.	<input type="text"/>
Principal	<input type="text"/>	Principal	<input type="text"/>

Last grade passed  Year  Grade/s repeated

Has admission to any other school/s ever been refused? Yes  No

If yes, please state the reason below:

Academic achievements

Extramural and other achievements

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

## Section 5: Learner's medical details

The learner's medical details are required for emergencies only. Opportunities may arise for the learner to write exams at the nearest Curro school (higher grades) and/or participate in a sport or cultural activity at the nearest Curro school.

Blood type O+ O- A+ A- AB+ AB- B+ B- Unknown

### Family doctor

Name  Tel. no.

Address

### Medical aid

Name  Member no.

Main member initials and surname

Main member ID number

Option

Has learner received all the necessary immunisations? Yes  No

If no, please state the reason below:

## Section 5: Learner's medical details (continued)

Has the learner suffered from any of the following illnesses? Please indicate with an X.

Asthma	Enteric fever	Measles	Scarlet fever
Chickenpox	German measles	Mumps	Tick bite fever
Diabetes	Hepatitis	Polio	Typhoid fever
Diphtheria	Malaria	Rheumatic fever	Whooping cough

Does the learner suffer from any allergies? Yes  No

If yes, please provide details below:

Does the learner have any special medical needs? Yes  No

If yes, please provide details below:

Does/has the learner suffered from any other illnesses/disabilities? Yes  No

If yes, please provide details below:

Is the learner receiving medical treatment for any condition? Yes  No

If yes, please provide details below:

Is/has the learner suffered from or received treatment for any psychological/emotional upset? Yes  No

If yes, please provide details below:

Has the learner had any operations? Yes  No

If yes, please provide details below:

Please specify any other relevant medical details:

## Section 6: Learner's medical details – Consent

The learner's medical details are required for emergencies only. Opportunities may arise for the learner to write exams at the nearest Curro school (higher grades) and/or participate in a sport or cultural activity at the nearest Curro school.

In a critical medical situation, please bear in mind that there may not be time to refer to the learner's records. The school, therefore, reserves the right to utilise the quickest medical service available.

I, \_\_\_\_\_, being the parent/legal guardian of \_\_\_\_\_, hereby agree that a medical practitioner may provide emergency treatment as may be necessary.

Signature

Date

## Section 7: Necessary supporting documents, completed sections and forms

⇒ **Important note:** This application will only be processed if all fields are completed legibly, are signed, and all necessary supporting documents are attached.

CEMIS transfer document if available	Copy of parents'/legal guardians' IDs
Copy of learner's FINAL progress report once available	Completed and signed debit order form
Copy of learner's latest progress report	Subject choice form (Grades 10 to 12)
Copy of learner's birth certificate/ID	All sections completed and signed
Copy of learner's residence/study permit, if foreign	

TWO RECENT  
COLOUR PHOTOS  
OF LEARNER  
(ID SIZE)

## Section 8: Personal details of father, stepfather, or legal guardian

⇒ Complete only if NOT the account holder, as referred to in section 12.

Surname													
Full names as on ID													
ID number													

Designation	Mr	Mrs	Ms	Miss	Dr
	Rev.	Prof.	Other		

Relationship		Marital status	
Occupation		Employer	

Residential address	Work address	Postal address

Tel. H		Tel. W		Cell	
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Email address	
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Parental status:	Learner living with male parent/guardian	Learner's legal guardian
	Access rights to learner	Access rights in emergency only

## Section 9: Personal details of mother, stepmother, or legal guardian

⇒ Complete only if NOT the account holder, as referred to in section 12.

Surname													
Full names as on ID													
ID number													

Designation	Mr	Mrs	Ms	Miss	Dr
	Rev.	Prof.	Other		

## Section 9: Personal details of mother, stepmother, or legal guardian (continued)

Relationship	<input type="text"/>	Marital status	<input type="text"/>
Occupation	<input type="text"/>	Employer	<input type="text"/>

Residential address	Work address	Postal address
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Tel. H  Tel. W  Cell

Email address

Parental status	Learner living with female parent/guardian	Learner's legal guardian
	Access rights to learner	Access rights in emergency only

## Section 10: Emergency contact details (not parental)

Full names and surname	<input type="text"/>		
Relationship	<input type="text"/>		

Tel. H  Tel. W  Cell

Email address

## Section 11: Details – person responsible for account

Surname	<input type="text"/>											
Full names as on ID	<input type="text"/>											
ID number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Designation	Mr	Mrs	Ms	Miss	Dr
	Rev.	Prof.	Other	<input type="text"/>	

Relationship	<input type="text"/>	Marital status	<input type="text"/>
Occupation	<input type="text"/>	Employer	<input type="text"/>

Residential address	Work address	Postal address
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Tel. H  Tel. W  Cell

Email address

