

Colour
Passport
Photo



APPLICATION FORM

STUDENT NAME & SURNAME:				
GROUP:	2-3yrs	000	00	DATE TO START:

SUPPORTING DOCUMENTATION	
	TICK
• POP OF APPLICATION FEE	
• ONE COLOUR PHOTO	
• CERTIFIED COPY OF STUDENT'S BIRTH CERTIFICATE	
• CERTIFIED COPIES OF PARENTS ID's	
• COPIES OF STUDENTS TWO MOST RECENT REPORTS IF ENTERING GR R	
• 3 MONTHS PERSONAL BANK STATEMENTS	
• IF A BUSINESS ACCOUNT SIX MONTHS BANK STATEMENTS AND RELEVANT CK DOCUMENTS	
• FINANCIAL STATUS LETTER FROM PREVIOUS/CURRENT SCHOOL	
• COPIES OF ANY MOST RECENT PROFESSIONAL ASSESSMENT REPORTS	

FOR OFFICE USE	
• ALL DOCUMENTATION RECEIVED	
• CREDIT CHECK	
• INTERVIEW DATE	
• ACCEPTED	
• SIBLING – YES/NO (Discount Applies)	

ADMISSIONS APPLICATION PROCEDURE

PLEASE COMPLETE THE APPLICATION FORM IN BLACK INK, SIGN AND INITIAL EACH PAGE AND RETURN TO THE SCHOOL'S RECEPTION WITH THE FOLLOWING:

- Proof of payment of the **NON-REFUNDABLE** administration fee of R600.00 (six hundred rand) per child.
- One coloured passport photo
- A certified copy of the student's Birth Certificate
- Certified copies of Parents/Guardians ID document/Passport (both parents if applicable)
- Copies of the student's two most recent school reports if entering GR R
- Copies of reports pertaining to any intervention which might have taken place ie. Occupational Therapy, Speech Therapy, Remedial, Ed Psych etc.

Information requested in this application form needs to be completed in full for your application to be processed.

1. Once we have received your Application Form, supporting documentation and Proof of Payment (POP) of the Application Fee, we will review the information you have submitted. Please note this will involve a Financial Credit Check.
2. As soon as we are satisfied that the necessary entry criteria have been met, an interview will be arranged with a member of management, parent/s and student.
3. Upon successful completion of the interview, and once we have confirmed that we have an available space for your child, your child will be offered a place at Little Chameleons.
4. Once this offer has been made, a **NON-REFUNDABLE** enrolment fee of R4 500.00 (Four thousand five hundred rand) is required to secure the place offered along with the completion of the Enrolment Pack.

Please note that completion of this form does not mean that the student has been accepted into the school.

THE BANKING DETAILS ARE AS FOLLOWS:

Carlyle College (Pty) Ltd
Investec Bank
Current Account
Account Number: 10013050104
Branch Code: 58 01 05

PARENT/GUARDIAN INITIALS

1: _____

2: _____

PARENT DETAILS

SURNAME: FATHER/GUARDIAN _____

MOTHER/GUARDIAN _____

FIRST NAMES: FATHER/GUARDIAN _____

MOTHER/GUARDIAN _____

MARITAL STATUS *(Please Circle)*:

MARRIED DIVORCED WIDOWED SINGLE SEPARATED

CORRESPONDENCE TO BE ADDRESSED TO: *(Please Circle)*:

MR & MRS MR MRS MISS DR PROF

DETAILS: FATHER/GUARDIAN _____ MOTHER/GUARDIAN _____

CELL: _____

WORK: _____

EMAIL: _____

ID NUMBER: _____

DOB: _____

SCHOOL CORRESPONDENCE TO BE EMAILED TO: *(Please Circle)*:

FATHER MOTHER FATHER & MOTHER

FATHER/GUARDIAN _____ MOTHER/GUARDIAN _____

POSTAL ADDRESS: _____

PHYSICAL ADDRESS: _____

EMPLOYER: _____

PARENT/GUARDIAN INITIALS 1: _____ 2: _____

STUDENT DETAILS

SURNAME: _____

FIRST NAMES: _____

PREFERRED NAME: _____

GENDER (*Please Circle*): MALE FEMALE

COUNTRY OF BIRTH: _____

DATE OF BIRTH: _____

ID NUMBER: _____

NAME OF CURRENT SCHOOL (if applicable): _____

GROUP APPLYING FOR: _____

DATE/YEAR OF ENTRY: _____

HAVE ANY YEARS BEEN REPEATED? _____ EXPLAIN: _____

HAVE ANY ACADEMIC OR NEURODEVELOPMENTAL DIFFICULTIES BEEN NOTICED – PLEASE EXPLAIN:

RELIGION: _____

HOME LANGUAGE: _____

PLEASE NOTE: Carlyle College reserves the right to terminate with immediate effect, the Enrolment Contract between the applicant and the school, in event of omission of any information or any misleading information captured on this application.

PARENT/GUARDIAN INITIALS 1: _____ 2: _____

STUDENT MEDICAL DETAILS

NAME OF DOCTOR: _____

CONTACT NUMBER: _____

MEDICAL AID NAME: _____

MEDICAL AID NUMBER: _____

MEDICAL AID TYPE: _____

PRIMARY MEMBER: _____

ALLERGIES: _____

MEDICATION STUDENT
IS TAKING: _____

HAS THE STUDENT RECEIVED ALL THEIR IMMUNIZATIONS? _____

IF NO, ELABORATE: _____

HAS THE STUDENT SUFFERED FROM ANY OF THE DISEASES LISTED (*Tick*)

Asthma		Enteric Fever		Measles		Scarlet Fever	
Chicken Pox		German Measles		Mumps		Tickbite Fever	
Diabetes		Hepatitis		Polio		Typhoid	
Diphtheria		Malaria		Rheumatic Fever		Whooping Cough	

HAS THE STUDENT UNDERGONE ANY OPERATIONS? _____

OTHER HEALTH CONDITIONS WE SHOULD BE AWARE OF? _____

ALTERNATIVE CONTACT NAME: (*Not a Parent*) _____

RELATIONSHIP TO STUDENT: _____

CELL NUMBER _____

PARENT/GUARDIAN INITIALS 1: _____ 2: _____

PERSON RESPONSIBLE FOR PAYMENT OF SCHOOL ACCOUNTS

CHILD/CHILDREN ENROLLED:

- 1. _____ Grade: _____
- 2. _____ Grade: _____
- 3. _____ Grade: _____

Details of Account Holder: (Please circle) Title: MR MRS MISS DR. PROF. REV

NAME: _____ SURNAME: _____

ID NUMBER: _____

MARITAL STATUS (Please Circle): MARRIED DIVORCED WIDOWED SINGLE SEPARATED

EMAIL ADDRESS FOR STATEMENTS: _____

PHYSICAL ADDRESS: _____

POSTAL ADDRESS: _____

CONTACT NUMBERS: CELL _____
 HOME/WORK _____

OCCUPATION _____

EMPLOYER _____

EMPLOYER CONTACT NUMBER _____

EMPLOYER PHYSICAL ADDRESS _____

PERIOD IN CURRENT EMPLOYMENT _____

GROSS MONTHLY INCOME _____

RESIDENCE OWNED _____ LEASED _____

ACCOUNT HOLDER _____

NAME OF BANK _____ ACCOUNT NUMBER _____

I hereby consent to and authorize Carlyle College to investigate my credit worthiness.

METHOD OF PAYMENT	Settlement of annual fees in advance (discount of 5% if paid before 1 st January)	
	Debit Order on the 1 st day of each month January to December	

SIGNATURE _____ DATE _____

PARENT/GUARDIAN INITIALS 1: _____ 2: _____