

# NORTHERN ACADEMY APPLICATION FOR ADMISSION

Meridian Operations Company NPC (RF) Reg No 2012/081855/08 / NPO Reg No 116-433NPO  
Campus and Property Management Company (Pty) Ltd Reg No 2012/001821/07 / VAT Reg Number 4290261926



SCHOOL APPLIED AT NORTHERN ACADEMY

MONTH & YEAR APPLIED FOR \_\_\_\_\_

GROUP OR GRADE APPLIED FOR GROUP  1  1.5  2  2.5  3  4  5 (NURSERY SCHOOL)  
⇒ Confirm availability at applicable school

GRADE  R  1  2  3  4  5  6  7  8  9  10  11  12 (SCHOOL)

HOSTEL ACCOMMODATION YES  NO   
⇒ Confirm availability at applicable school

AFTERCARE YES  NO   
⇒ Confirm availability at applicable school

⇒ **MOST IMPORTANT**  
This Application for Admission will only be processed if ALL fields are completed legibly, are signed and ALL relevant supporting documents are attached.

Ref 2013/001

## REQUIRED SUPPORTING DOCUMENTS, COMPLETED SECTIONS & FORMS

<input type="checkbox"/>	CEMIS Transfer Document once available	<input type="checkbox"/>	Proof of Household Income (See Section 8)	TWO RECENT COLOUR PHOTOS OF LEARNER (ID SIZE)
<input type="checkbox"/>	Copy of Learner's FINAL Progress Report once available	<input type="checkbox"/>	Proof of Registration Fee Payment	
<input type="checkbox"/>	Copy of Learner's latest Progress Report	<input type="checkbox"/>	Completed Hostel Application if applicable	
<input type="checkbox"/>	Copy of Learner's Birth Certificate / ID Document	<input type="checkbox"/>	Completed Aftercare Application if applicable	
<input type="checkbox"/>	Copy of Learner's Vaccination Records if available	<input type="checkbox"/>	Completed Debit Order Form if applicable	
<input type="checkbox"/>	Copy of Learner's Residence / Study Permit, if Foreign	<input type="checkbox"/>	Subject Choice Form (FET Phase: Gr 10 - Gr 11)	
<input type="checkbox"/>	Copy of Parents' / Legal Guardians' ID Documents	<input type="checkbox"/>	Sections 1 - 14 Completed & Signed	

## FOR OFFICE USE

INTERVIEW DATE _____  NOTES _____ _____ _____	APPROVED _____  DATE _____  COMMENCEMENT _____ DATE _____ GROUP / GRADE _____	FAMILY CODE _____  LEARNER NR _____  SIBLINGS AT THE SCHOOL 1 _____ 2 _____
---	---	--

## SECTION 1 : LEARNER'S PERSONAL DETAILS

SURNAME \_\_\_\_\_ FULL NAMES AS ON BIRTH CERTIFICATE / ID DOCUMENT \_\_\_\_\_

PREFERRED NAME \_\_\_\_\_ IDENTITY NUMBER \_\_\_\_\_

DATE OF BIRTH                         AGE \_\_\_\_\_ GENDER  MALE  FEMALE

HOME & OTHER SPOKEN LANGUAGE/S HOME \_\_\_\_\_ OTHER \_\_\_\_\_

LANGUAGE/S OF LEARNING & TEACHING FIRST \_\_\_\_\_ SECOND \_\_\_\_\_

NUMBER OF CHILDREN IN FAMILY \_\_\_\_\_ POSITION OF LEARNER IN FAMILY \_\_\_\_\_

NATIONALITY \_\_\_\_\_ COUNTRY OF ORIGIN \_\_\_\_\_ DATE OF IMMIGRATION \_\_\_\_\_

RACE 

ASIAN	AFRICAN	COLOURED	INDIAN	WHITE	OTHER
-------	---------	----------	--------	-------	-------

RELIGION \_\_\_\_\_ RESIDENCE 

PARENTS	GUARDIANS	HOSTEL
---------	-----------	--------

MEANS OF TRANSPORT TO/FROM SCHOOL 

MOTOR VEHICLE	MOTORBIKE	BUS	TAXI	BICYCLE	WALK
---------------	-----------	-----	------	---------	------

LEARNER'S CELL PHONE NUMBER \_\_\_\_\_

## SECTION 2 : LEARNER'S EDUCATIONAL DETAILS

CURRENT SCHOOL _____	PREVIOUS SCHOOL _____	
ADDRESS _____	ADDRESS _____	
CODE _____	CODE _____	
TEL NO _____	TEL NO _____	
CODE _____	CODE _____	
PRINCIPAL _____	PRINCIPAL _____	
LAST GRADE PASSED _____	YEAR _____	GRADE/S REPEATED _____

HAS ADMISSION TO ANY OTHER SCHOOL/S EVER BEEN REFUSED? IF YES, PLEASE STATE REASON.

YES	NO
-----	----

REASON \_\_\_\_\_

ACADEMIC ACHIEVEMENTS	EXTRACURRICULAR ACHIEVEMENTS	OTHER ACHIEVEMENTS

## SECTION 3 : LEARNER'S MEDICAL DETAILS

BLOOD TYPE

O+	O-	A+	A-	AB+	AB-	B+	B-	UNKNOWN
----	----	----	----	-----	-----	----	----	---------

FAMILY DOCTOR

NAME	_____	TEL NO	_____
ADDRESS	_____		

MEDICAL AID

NAME	_____	NUMBER	_____
MAIN MEMBER	INITIALS & SURNAME	ID NR	_____
OPTIONS	_____		

HAS THE LEARNER RECEIVED ALL THE NECESSARY IMMUNISATIONS? IF NO, PLEASE STATE REASON.

YES	NO
-----	----

REASON \_\_\_\_\_

HAS THE LEARNER SUFFERED FROM ANY OF THE FOLLOWING ILLNESSES? PLEASE INDICATE WITH AN X.

<input type="checkbox"/> ASTHMA <input type="checkbox"/> CHICKEN POX <input type="checkbox"/> DIABETES <input type="checkbox"/> DIPHTHERIA	<input type="checkbox"/> ENTERIC FEVER <input type="checkbox"/> GERMAN MEASLES <input type="checkbox"/> HEPATITIS <input type="checkbox"/> MALARIA	<input type="checkbox"/> MEASLES <input type="checkbox"/> MUMPS <input type="checkbox"/> POLIO <input type="checkbox"/> RHEUMATIC FEVER	<input type="checkbox"/> SCARLET FEVER <input type="checkbox"/> TICKBITE FEVER <input type="checkbox"/> TYPHOID FEVER <input type="checkbox"/> WHOOPING COUGH
---	---	--	--

DOES THE LEARNER SUFFER FROM ANY ALLERGIES?

YES	NO
-----	----

IF YES, PLEASE GIVE DETAILS. \_\_\_\_\_

DOES THE LEARNER HAVE ANY SPECIAL MEDICAL NEEDS?

YES	NO
-----	----

IF YES, PLEASE GIVE DETAILS. \_\_\_\_\_

DOES OR HAS THE LEARNER SUFFERED FROM ANY OTHER ILLNESSES OR DISABILITIES?

YES	NO
-----	----

IF YES, PLEASE GIVE DETAILS. \_\_\_\_\_

**SECTION 3 : LEARNER'S MEDICAL DETAILS - CONTINUED**

IS THE LEARNER RECEIVING MEDICAL TREATMENT FOR ANY CONDITION?

YES

NO

IF YES, PLEASE GIVE DETAILS. \_\_\_\_\_

IS OR HAS THE LEARNER SUFFERED FROM OR RECEIVED TREATMENT FOR ANY PSYCHOLOGICAL OR EMOTIONAL UPSET?

YES

NO

IF YES, PLEASE GIVE DETAILS. \_\_\_\_\_

HAS THE LEARNER HAD ANY OPERATIONS?

YES

NO

IF YES, PLEASE GIVE DETAILS. \_\_\_\_\_

PLEASE SPECIFY ANY OTHER RELEVANT MEDICAL DETAILS. \_\_\_\_\_

**SECTION 3 : LEARNER'S MEDICAL DETAILS - CONSENT**

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 OF PARENT / LEGAL GUARDIAN \_\_\_\_\_

**SECTION 4 : DETAILS OF FATHER / STEPFATHER / LEGAL GUARDIAN**

COMPLETE ONLY IF **NOT** THE ACCOUNT HOLDER. REFER TO SECTION 8.

SURNAME \_\_\_\_\_

FULL NAMES AS IN ID DOCUMENT \_\_\_\_\_

DESIGNATION \_\_\_\_\_

MR MRS MS MISS DR REV PROF OTHER

IDENTITY NUMBER \_\_\_\_\_

\_\_\_\_\_

RELATIONSHIP \_\_\_\_\_

MARITAL STATUS \_\_\_\_\_

OCCUPATION \_\_\_\_\_

EMPLOYER \_\_\_\_\_

RESIDENTIAL ADDRESS \_\_\_\_\_

WORK ADDRESS \_\_\_\_\_

POSTAL ADDRESS \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ CODE

\_\_\_\_\_ CODE

\_\_\_\_\_ CODE

TEL H \_\_\_\_\_ CODE

TEL W \_\_\_\_\_ CODE

CELL \_\_\_\_\_

E-MAIL ADDRESS (PLEASE WRITE LEGIBLY) \_\_\_\_\_

PARENTAL STATUS

LEARNER LIVING WITH PARENT/S

LEARNER'S LEGAL GUARDIAN

ACCESS RIGHTS TO LEARNER

ACCESS RIGHTS IN AN EMERGENCY ONLY

**SECTION 5 : DETAILS OF MOTHER / STEPMOTHER / LEGAL GUARDIAN**COMPLETE ONLY IF **NOT** THE ACCOUNT HOLDER. REFER TO SECTION 8.

SURNAME _____		FULL NAMES AS IN ID DOCUMENT _____																					
DESIGNATION _____	<table border="1"> <tr> <td>MR</td> <td>MRS</td> <td>MS</td> <td>MISS</td> <td>DR</td> <td>REV</td> <td>PROF</td> <td>OTHER</td> <td>_____</td> </tr> </table>			MR	MRS	MS	MISS	DR	REV	PROF	OTHER	_____											
MR	MRS	MS	MISS	DR	REV	PROF	OTHER	_____															
IDENTITY NUMBER _____		<table border="1"> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> </table>																					
RELATIONSHIP _____		MARITAL STATUS _____																					
OCCUPATION _____		EMPLOYER _____																					
RESIDENTIAL ADDRESS _____		WORK ADDRESS _____		POSTAL ADDRESS _____																			
_____		_____		_____																			
_____		_____		_____																			
_____ CODE _____		_____ CODE _____		_____ CODE _____																			
TEL H _____ CODE _____	TEL W _____ CODE _____	CELL _____																					
E-MAIL ADDRESS (PLEASE WRITE LEGIBLY) _____																							
PARENTAL STATUS	<table border="1"> <tr> <td>LEARNER LIVING WITH PARENT/S</td> <td>LEARNER'S LEGAL GUARDIAN</td> <td>ACCESS RIGHTS TO LEARNER</td> <td>ACCESS RIGHTS IN AN EMERGENCY ONLY</td> </tr> </table>	LEARNER LIVING WITH PARENT/S	LEARNER'S LEGAL GUARDIAN	ACCESS RIGHTS TO LEARNER	ACCESS RIGHTS IN AN EMERGENCY ONLY																		
LEARNER LIVING WITH PARENT/S	LEARNER'S LEGAL GUARDIAN	ACCESS RIGHTS TO LEARNER	ACCESS RIGHTS IN AN EMERGENCY ONLY																				

**SECTION 6 : DETAILS OF ANOTHER CONTACT IN THE CASE OF AN EMERGENCY**

SURNAME _____		FULL NAMES _____	
RELATIONSHIP _____			
TEL H _____ CODE _____	TEL W _____ CODE _____	CELL _____	
E-MAIL ADDRESS (PLEASE WRITE LEGIBLY) _____			

**SECTION 7 : DECLARATION OF PARENTS / LEGAL GUARDIANS**

We the undersigned, \_\_\_\_\_, hereby certify that the information given by us in this Application for Admission is complete and accurate. We also agree to the conditions as set out herein.

We accept that the School is based on Christian principles and undertake that this will not be undermined.

We understand that the prescribed number of learners per class may be exceeded through the placing of a current learner that has to repeat a grade.

This Application for Admission will be reconsidered in the case where important relevant information, which should be brought to the School's attention, is withheld.

We have read the Code of Conduct, Substance Abuse Policy and Dress Code and will accept an offer of placement for our child at the School in accordance with the terms and conditions as set out therein. These documents, as amended from time to time, are available on the official website of the School at [www.curro.co.za](http://www.curro.co.za).

**NB: The signatures of both parents and / or legal guardians are required where applicable.**

\_\_\_\_\_  
SIGNATURE OF FATHER / STEPFATHER / LEGAL GUARDIAN

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF MOTHER / STEPMOTHER / LEGAL GUARDIAN

\_\_\_\_\_  
DATE

## SECTION 8 : DETAILS OF ACCOUNT HOLDER

SURNAME	FULL NAMES AS IN ID DOCUMENT																
DESIGNATION	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">MR</td> <td style="width: 10%;">MRS</td> <td style="width: 10%;">MS</td> <td style="width: 10%;">MISS</td> <td style="width: 10%;">DR</td> <td style="width: 10%;">REV</td> <td style="width: 10%;">PROF</td> <td style="width: 10%;">OTHER</td> <td style="width: 20%;"></td> </tr> </table>			MR	MRS	MS	MISS	DR	REV	PROF	OTHER						
MR	MRS	MS	MISS	DR	REV	PROF	OTHER										
IDENTITY NUMBER	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; height: 20px;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> </tr> </table>																
RELATIONSHIP	MARITAL STATUS																
OCCUPATION	EMPLOYER																
RESIDENTIAL ADDRESS	WORK ADDRESS	POSTAL ADDRESS															
CODE	CODE	CODE															
TEL H <span style="font-size: small;">CODE</span>	TEL W <span style="font-size: small;">CODE</span>	CELL															
E-MAIL ADDRESS (PLEASE WRITE LEGIBLY)																	

PARENTAL STATUS	LEARNER LIVING WITH PARENT/S	LEARNER'S LEGAL GUARDIAN	ACCESS RIGHTS TO LEARNER	ACCESS RIGHTS IN AN EMERGENCY ONLY
-----------------	------------------------------	--------------------------	--------------------------	------------------------------------

**DETAILS OF CHILDREN IN YOUR CARE WHO ARE CURRENTLY AT THIS SCHOOL**

1 NAME		GR		2 NAME		GR	
3 NAME		GR		4 NAME		GR	

ANNUAL, AFTER TAX, COMBINED HOUSEHOLD INCOME	LESS THAN R50 000 pa	R 50 000 - R100 000 pa	R100 000 - R150 000 pa	R150 000 - R200 000 pa	R200 000 - R250 000 pa	R250 000 - R300 000 pa	MORE THAN R300 000 pa
--	----------------------	------------------------	------------------------	------------------------	------------------------	------------------------	-----------------------

**PLEASE NOTE: This is for statistical purposes only and will NOT affect your child's acceptance status.**

PAYMENT OPTION	MONTHLY DEBIT ORDER	MONTHLY IN ADVANCE BY ELECTRONIC FUNDS TRANSFER OR CASH DEPOSIT AT THE BANK	ANNUALLY IN ADVANCE BY ELECTRONIC FUNDS TRANSFER OR CASH DEPOSIT AT THE BANK
----------------	---------------------	---	--

## SECTION 9 : DECLARATION OF ACCOUNT HOLDER

We the undersigned, \_\_\_\_\_, hereby certify that the information given by the Account Holder in this Application for Admission is complete and accurate.

We accept joint and several liability to Campus and Property Management Company (Pty) Ltd and Meridian Operations Company NPC (RF) for the due and punctual payment of the annual, non-refundable registration fee, school fees, hostel fees and any other amounts which may become due and payable to the School or in respect of participation in or attendance of any extracurricular activity.

We accept the Financial Terms and Conditions of which a copy has been kept.

**NB: The signatures of the account holder and that of the 2<sup>nd</sup> parent / a parent / legal guardian are required if applicable.**

SIGNATURE OF ACCOUNT HOLDER	DATE
SIGNATURE OF 2 <sup>ND</sup> PARENT / A PARENT / LEGAL GUARDIAN	DATE
SIGNATURE OF AN AUTHORISED SCHOOL REPRESENTATIVE	DATE

## SECTION 10 : FINANCIAL TERMS AND CONDITIONS

### 1. ACCEPTANCE OF LIABILITY

- 1.1 The person responsible for the Account (hereafter the Account Holder) as set out in the standard Application for Admission (hereafter the Application) herewith assumes liability for the Account, alternatively binds him-/herself as co-debtor and surety for payment of all fees to the School.
- 1.2 The legal guardian, as described in the Application, binds him-/herself as surety and co-debtor for the payment of all fees by the Account Holder or any other payments that may arise from this Agreement.

### 2. TERMS OF PAYMENT

- 2.1 It is recorded that fees are determined at the beginning of the year and that the Account Holder is informed of the result in writing.
- 2.2 The Account Holder shall immediately inform the School if he / she has not received an invoice at the start of the academic year.
- 2.3 Fees for 11 (eleven) or 12 (twelve) months, depending on the specific School's payment policy, are payable monthly in advance by means of debit order, electronic funds transfer or cash deposit at the bank on or before the 2<sup>nd</sup> (second) day of each calendar month or annually in advance by means of electronic funds transfer or cash deposit at the bank by 31 December, depending on the fee payment option exercised by the Account Holder in the Application for Admission.
- 2.4 The School reserves the right to charge interest of 15% (fifteen percent) on all accounts that are in arrears by 30 (thirty) days or longer.
- 2.5 Payment of monthly fees is not subject to presentation of a statement. Payments are made in accordance with the applicable fee structure of the School.
- 2.6 In the event where an existing account is / has not been managed in the proper manner, no further Applications will be considered.

### 3. BREACH OF CONTRACT

In the event where the undersigned surety, Account Holder or legal guardian commits a breach of contract of any of the terms of this Agreement, the School may in its sole discretion:

- 3.1 Refuse the learner entry to the School's premises until the breach has been remedied; or
- 3.2 Claim damages from the Account Holder and / or the surety and legal guardian; or
- 3.3 Take whatever legal steps that may be necessary.

### 4. GENERAL

This Agreement constitutes the whole Agreement between the parties relating to the subject matter hereof. No amendment or consensual cancellation of this Agreement or any provision or term thereof or of any Agreement, bill of exchange or other document issued or executed pursuant to or in terms of the Agreement and no settlement of any disputes arising under this Agreement and no extension of time, waiver or relaxation or suspension of any of the provisions or terms of this Agreement or of any Agreement, bill or exchange or other document issued pursuant to or in terms of this Agreement shall be binding unless recorded in a written document signed by the parties. Any such extension, waiver or relaxation or suspension which is so given or made shall be strictly construed as relating strictly to the matter in respect whereof it was made or given.

### 5. JURISDICTION

This Agreement is subject to South African law.

### 6. CREDIT INFORMATION

The Account Holder, surety or legal guardian hereby consents to the disclosure and exchange of personal financial information to a credit bureau or financial institution in accordance with the National Credit Act.

### 7. DOMICILIUM

The parties choose as their domicilia citandi et executandi the addresses set out in the Application.

### 8. LEGAL FEES

In the event where the School takes legal action against the Account Holder, he / she will be liable for all legal fees on an attorney client scale, collection costs and commission, interest and tracing fees.

### 9. CANCELLATION

- 9.1 The Account Holder undertakes to give 30 (thirty) calendar days written notice of termination of the enrolment of a learner, failing which the liability be incurred for the full amount of the following term's fees.
- 9.2 The School shall be entitled to terminate the enrolment of any learner under the following circumstances:  
  
Summarily, and with immediate effect, if the learner is guilty of an offence which, in the sole opinion of the School, renders his / her continued enrolment at the School impossible, in which event the Account Holder, after deduction of all amounts otherwise owing to the School, will be refunded a pro-rata proportion of any fees already paid in advance in respect of such learner.
- 9.3 In the event of emigration, which is a long process, the School requires 1 (one) full term's written notice in advance.

\_\_\_\_\_  
SIGNATURE OF ACCOUNT HOLDER

\_\_\_\_\_  
DATE

**SECTION 11 : GENERAL INDEMNITY**

1. The School and the Campus and Property Management Company (Pty) Ltd and Meridian Operations Company NPC (RF) Board of Directors undertake to implement reasonable and generally acceptable measures with regard to the safety and well-being of all learners, educators and visitors to the School.
2. Due to the nature of the matter, the School and the Campus and Property Management Company (Pty) Ltd and Meridian Operations Company NPC (RF) Board of Directors do not accept any responsibility for accidents that may take place in the class, on the school terrain or on the sports fields.
3. Each parent is therefore requested to complete this form as proof that you accept the position of the School and the Campus and Property Management Company (Pty) Ltd and Meridian Operations Company NPC (RF) Board of Directors as set out above as well as the risks involved therewith.
4. I, \_\_\_\_\_, being the parent / legal guardian of \_\_\_\_\_ who is enrolled as such and accepted by the School, subject to the terms set out herein, indemnify the School and the Campus and Property Management Company (Pty) Ltd and Meridian Operations Company NPC (RF) Board of Directors for the time being of the Campus and Property Management Company (Pty) Ltd (Reg Nr 2012/001821/07) and Meridian Operations Company NPC (RF) (Reg Nr 2012/081855/08) for any losses or damages in general, however they may occur, that I as parent / legal guardian of the above learner may suffer as a result of any occurrence whereby the learner may be involved, whether as the causing or suffering party, whilst participating in any school activity, except if such loss or damage arises as a consequence of the gross negligence or willful misconduct of the School or the Campus and Property Management Company Board of Directors or the Meridian Operations Company NPC (RF) Board of Directors or any person acting for or controlled by the School or the Campus and Property Management Company Board of Directors or the Meridian Operations Company NPC (RF) Board of Directors.
5. In particular, I authorise that the aforesaid learner may be involved in all excursions undertaken by his / her group or class during school days as part of his / her learning experience and, where applicable, I agree that he / she may utilise the transport arranged by the School for such excursions. I also indemnify the School and the Campus and Property Management Company (Pty) Ltd and Meridian Operations Company NPC (RF) Board of Directors for any damages or losses that I as parent / legal guardian of the above learner may suffer under such circumstances and voluntarily accepts the risks associated therewith, except if such loss or damage arises as a consequence of the gross negligence or willful misconduct of the School or the Campus and Property Management Company Board of Directors or the Meridian Operations Company NPC (RF) Board of Directors or any person acting for or controlled by the School or the Campus and Property Management Company Board of Directors or the Meridian Operations Company NPC (RF) Board of Directors.
6. In the event of the aforesaid learner making use of the bus service to and from the School, I acknowledge that I am aware that such service is operated by an independent contractor and that neither the School nor the Campus and Property Management Company (Pty) Ltd and Meridian Operations Company NPC (RF) Board of Directors accepts any responsibility therefore. The Campus and Property Management Company (Pty) Ltd and Meridian Operations Company NPC (RF) Board of Directors have, however, in awarding the right to operate the service, laid down certain conditions to ensure that the bus company complies with safety regulations and that the driver is sober and experienced with a proven and unblemished record.

SIGNED AT \_\_\_\_\_ ON THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 20 \_\_\_\_\_.

AS WITNESSES:

1. \_\_\_\_\_
2. \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF PARENT / LEGAL GUARDIAN

**SECTION 12 : PERMISSION TO USE PHOTOGRAPHS**

I understand and acknowledge that, from time to time, informal photographs are taken of the School's learners, and that, insofar as these photographs are placed in the possession or control of the School and / or Curro Holdings Ltd and / or Campus and Property Management Company and / or Meridian Operations Company NPC (RF), these photographs might be used by the School and / or Curro Holdings Ltd and / or Campus and Property Management Company and / or Meridian Operations Company NPC (RF) in the electronic and / or printed media, including the Curro Holdings Ltd website, newspaper advertisements, magazine advertisements, brochures, flyers, posters, billboards, banners, flippers and signage on buildings and vehicles, which use will be solely for purposes of marketing the School and / or Curro Holdings Ltd and / or Campus and Property Management Company and / or Meridian Operations Company NPC (RF). As all marketing material of the School and / or Curro Holdings Ltd and / or Campus and Property Management Company and / or Meridian Operations Company NPC (RF) will, at all times, insofar as the use and publication of photographs are placed in the control of the School and / or Curro Holdings Ltd and / or Campus and Property Management Company and / or Meridian Operations Company NPC (RF), ensure that these photographs are used in good taste.

\_\_\_\_\_  
SIGNATURE OF PARENT / LEGAL GUARDIAN

**SECTION 13 : SURVEY - SERVICES / FACILITIES REQUIRED**

BUS TRANSPORT TO / FROM SCHOOL REQUIRED  
HOLIDAY CARE REQUIRED

YES	NO
YES	NO

FROM WHERE? \_\_\_\_\_

**SECTION 14 : SURVEY - MARKETING**

WHERE DID YOU HEAR ABOUT US? PLEASE INDICATE WITH AN X.

<input type="checkbox"/> BILLBOARD	<input type="checkbox"/> NEWSPAPER	<input type="checkbox"/> MAGAZINE	<input type="checkbox"/> RADIO
<input type="checkbox"/> PRESENTATION	<input type="checkbox"/> BROCHURE	<input type="checkbox"/> FLYER	<input type="checkbox"/> EXHIBITION
<input type="checkbox"/> FRIEND	<input type="checkbox"/> WEB	<input type="checkbox"/> OTHER / SPECIFY _____	

PLEASE INDICATE HOW SATISFIED YOU WERE WITH THE SERVICE RECEIVED PRE-ENROLMENT.

<input type="checkbox"/> VERY SATISFIED	<input type="checkbox"/> SATISFIED	<input type="checkbox"/> UNSATISFIED	<input type="checkbox"/> VERY UNSATISFIED
---	------------------------------------	--------------------------------------	---