



www.duendeacademy.co.za  
E-mail: info@duendeacademy.co.za  
5 Voortrekker Road, Mindalore, Roodepoort, 1734  
P.O. Box 2145, Noordheuwel, Krugersdorp, 1751  
Reg No.: 2015/210130/07

To ensure smooth running of **Duendé Academy** and to rule out any uncertainty, PLEASE:

1. Read;
2. Complete;
3. Initial each page of the Parent Info Guide as well as the Contract of Agreement;
4. Sign and
5. Send certified copies of the following documents to **Duendé Academy**:
  - Dad's ID
  - Mom's ID
  - ID's of others whom may fetch the learner
  - Learner's birth certificate
  - Learner's previous report (if applicable)
  - Medical Aid Card
6. Kindly ensure to make a copy for yourself of the following documents:
  - Admittance Form
  - Contract of Agreement
  - Parent Info Guide



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## ADMITTANCE FORM

Name of learner: \_\_\_\_\_

Surname: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Male or Female: \_\_\_\_\_

Ranking of learner in family: \_\_\_\_\_

(1<sup>st</sup> born, 2<sup>nd</sup> born etc)

Number of children in family: \_\_\_\_\_

Home address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Postal address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Home telephone number: \_\_\_\_\_

Religion: \_\_\_\_\_

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Name of Father: \_\_\_\_\_

ID number of Father: \_\_\_\_\_

Telephone number of Father: (work): \_\_\_\_\_

(cell): \_\_\_\_\_

Occupation of Father: \_\_\_\_\_

E-mail address of Father: \_\_\_\_\_

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Passion and Inspiration

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Name of Mother: \_\_\_\_\_

ID number of Mother: \_\_\_\_\_

Telephone number of Mother: (work): \_\_\_\_\_

(cell): \_\_\_\_\_

Occupation of Mother: \_\_\_\_\_

E-mail address of Mother: \_\_\_\_\_

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Other contacts in case of an emergency (Names and telephone numbers):

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

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

3. \_\_\_\_\_

Has your child attended any previous school? If yes, please state the name of the school. Please attach a copy of the previous report.

\_\_\_\_\_  
\_\_\_\_\_

Medical Information:

Name of Medical Aid: \_\_\_\_\_

Medical Aid number: \_\_\_\_\_

Medical Aid Plan: \_\_\_\_\_



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Name of family doctor: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Allergies: \_\_\_\_\_

Disabilities: \_\_\_\_\_

Special Dietary prescriptions: \_\_\_\_\_

Other specific problems: \_\_\_\_\_

(ADHD/ADD/Epilepsy, etc)

Any special prescriptions in respect of the child's care:

\_\_\_\_\_  
\_\_\_\_\_

SIGNED at \_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_  
20\_\_\_\_.

\_\_\_\_\_  
**Signature of Father/Guardian**

\_\_\_\_\_  
**Signature of Mother/Guardian**

\_\_\_\_\_  
**Signatures of Duendé Academy**