



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**:
  - Father's Identification document
  - Mother's Identification document
  - ID's of others whom may fetch the learner
  - Learner's birth certificate
  - Learner's previous report (if applicable)
  - Transfer card from previous school
  - Medical Aid Card
  - Proof of Immunisation
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

Reference:

### **LEARNER:**

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

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

Nickname: \_\_\_\_\_

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

Age: \_\_\_\_\_

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

Grade in 2020: \_\_\_\_\_

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

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

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

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

First Language: \_\_\_\_\_

Second language: \_\_\_\_\_

Language of instruction: \_\_\_\_\_

(Education)

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



Passion and Inspiration

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**FATHER:**

Name and Surname: \_\_\_\_\_ Initials: \_\_\_\_\_

ID number: \_\_\_\_\_

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

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

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

E-mail address: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer's name: \_\_\_\_\_

Employer's address: \_\_\_\_\_

Vehicle Reg. no.: \_\_\_\_\_

Make and colour: \_\_\_\_\_

(Vehicle)

Responsible for account: Yes \_\_\_\_\_ No \_\_\_\_\_

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**MOTHER:**

Name and Surname: \_\_\_\_\_ Initials: \_\_\_\_\_

ID number: \_\_\_\_\_

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

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

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

E-mail address: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer's name: \_\_\_\_\_



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Employer's address: \_\_\_\_\_

Vehicle Reg. no.: \_\_\_\_\_

Make and colour: \_\_\_\_\_

(Vehicle)

Responsible for account: Yes \_\_\_\_\_ No \_\_\_\_\_

---

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.

\_\_\_\_\_

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**MEDICAL INFORMATION:**

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

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

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

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

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

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

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

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



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

(ADHD/ADD/Epilepsy, etc)

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

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

**SAFETY AND SECURITY:**

Are there any individual who may not have contact with your child/ren, due to drivers license suspensions, court interdicts or legal peculiarities that may affect your child/ren's safety, security and well being in any way? This will aid us in enhancing our ability to take every step necessary to ensure the integrity, safety and privacy of either yourself or any of your children. Details:

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

**HOURS:**

Full day: 08:00 - 14:00 - Monday to Friday  
14:00 - 18:00 - Monday to Friday (Aftercare)  
Half day: 08:00 - 14:00 - Monday to Thursday  
08:00 - 13:00 - Friday

\*We are closed on weekends and on all public holidays (Refer to calendar)

\_\_\_\_\_



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**FEES:**

Please see monthly fee structure in Parent Info Guide.

Please indicate your learner’s attendance below:

Half day:  Monthly fee only

Full day:  Monthly fee + Aftercare fee (R1350.00)

\*A non-refundable yearly registration fee of R2000.00 per family is payable with enrolment (R500.00 per term)

\*Additional clothing are separate on your own account

\*R100 penalty fee if learner is fetched after 14:30

\*R250 penalty fee for late school fee payment (After the 3rd of every month)

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

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

\_\_\_\_\_  
**PRINT NAME AND SURNAME**

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

\_\_\_\_\_  
**PRINT NAME AND SURNAME**

\_\_\_\_\_  
**Signature of Duendé Academy**

\_\_\_\_\_  
**PRINT NAME AND SURNAME**

\_\_\_\_\_  
**Signature of Duendé Academy**

\_\_\_\_\_  
**PRINT NAME AND SURNAME**