

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
6. Kindly ensure to make a copy for yourself of the following documents:
 - Admittance Form
 - Contract of Agreement



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

ADMITTANCE FORM

Reference:

LEARNER:

Name: _____

Surname: _____

Nickname: _____

Date of birth: _____

Age: _____

Male or Female: _____

Grade in 2023: _____

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 _____

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.

MEDICAL INFORMATION:

Name of Medical Aid: _____

Medical Aid number: _____

Medical Aid Plan: _____

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:

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 Thursday

08:00 - 13:00 - Friday

13:00 | 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.

Please indicate your learner's attendance below:

Half day: ☐ Monthly centre fee only

Full day: ☐ Monthly centre fee + Aftercare fee (R1500.00)

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

*Additional clothing are separate on your own account.

*Impaq book fees are separate on your own account.

*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