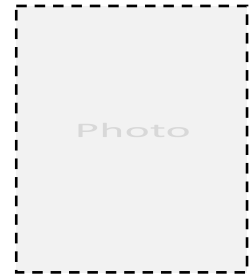


NeuroNexus Academy Application Form



Child's Details:

Students Surname	
Students Names	
Known as	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth	DD / MM / YYYY
Diganosis	
Siblings	Age/s:
Home Language	
Religion	
Present School	
Phase:	<input type="checkbox"/> 2 to 4 years <input type="checkbox"/> Grade 2 <input type="checkbox"/> 4 to 6 years <input type="checkbox"/> Grade 3 <input type="checkbox"/> Grade 1

Parent /Guardian 1 Details

Title	
Surname	
Name	
Relation to child	
ID Number	
Mobile Number	
Home Number	
Home Address	
Occupation	
Employer	
Work Number	
Email Address	

Parent /Guardian 2 Details

Title	
Surname	
Name	
Relation to child	
ID Number	
Mobile Number	
Home Number	
Home Address	
Occupation	
Employer	
Work Number	
Email Address	

Medical Details

Doctor/ Paediatrician	
Telephone Number	
Medical Aid	
Medical Aid Number	

Emergency Contacts

Name & Surname	
Mobile Number	
Relationship to Child	

Name & Surname	
Mobile Number	
Relationship to Child	

Person Responsible for Payments

Name	
Surname	
Mobile Number	
Relationship to Child	

General Information on the Child

Family history, known allergies, previous illnesses, physical or learning difficulties, past or present medical treatments including therapy (occupational or psychological), should be written below and any documentation attached hereto:

**Please indicate if your child has any special interests, and/or any regulation habits.
Please note that any omission may result in the immediate cancellation of the application.**

[illegible]

Terms and Conditions

1. We reserve the right of admission and the right to request a parent to remove a child from NeuroNexus Academy should we consider this to be in the interest of the child.
2. NeuroNexus Academy is a non-denominational English Medium School.
3. School Fees are payable on or before the 25th of the Month.
Fees paid after the 5th will be subject to a late fee penalty of 5%, Should fees be outstanding for 2 or more months the child may be suspended from school and the account will be handed over to our attorney for collection. Refunds are not made for cancellation of application, absence due to illness or holiday.
4. Fees are calculated on an annual basis and charged monthly over a period of 12 months (January - December)
5. Two months notice, in writing is required before removing your child from our school, or payment in lieu thereof will be required.

We, the undersigned, acknowledge that we have read and understood the Terms and Conditions of NeuroNexus Academy and that our signature hereto consider ourselves bound by such rules and conditions.

I/We confirm that the information provided is true and correct to the best of my/our knowledge.

Signed	
Date	

Parent 1/ Guardian

Signed	
Date	

Parent 2/ Guardian

Please Attach/Email the following documents with your application

- | | |
|---|---|
| <input type="checkbox"/> Full birth certificate | <input type="checkbox"/> Proof of residence |
| <input type="checkbox"/> Passport size photo of child | <input type="checkbox"/> Parent/Guardian ID's |
| <input type="checkbox"/> Latest school report | <input type="checkbox"/> Tax certificate (Namibian) |
| <input type="checkbox"/> Latest therapist report | <input type="checkbox"/> Resident Permit (Non-Namibian) |
| <input type="checkbox"/> Diagnosis Documents | |