



For office use only

Admission date:..... Registration paid
:.....
Class name:..... Receipt Number:

DOCUMENTATION REQUIRED

PHOTOGRAPH

Admission payment of **R2100** (R600 enrolment+R1500 fees)
1D size clear, colour **photograph** of child's face
Photocopies of:
Child's Birth Certificate
Both parents' ID documents
Child's Clinic card
Proof of residence

ADMISSION FORM

SURNAME (of child).....
FIRST NAMES(of child).....
Name used at home (Nickname):.....

GENDER (SEX) of child.....others Siblings:.....
Home address.....
Home Telephone number.....

CHILD'S BIRTHDATE: Day..... Month.....Year.....

MOTHER'S FULL Name.....
MOM'S ID No.....Mobile Tel No.....
Place of work.....Work Tel No.....
Mom's email address.....

FATHER'S FULL Name.....
DAD'S ID No.....Mobile Tel No.....
Place of work.....Work Tel No.....
Dad's email address.....

Family Doctor.....Dr Tel No.....
Clinic attended.....
Child's previous illness/operations.....
Medical Aid Name.....Med Aid No.....
Any medical conditions?.....
Does child have any allergies?.....
Is child on any medication?.....
If YES what, why and when?.....

WHO IS RESPONSIBLE FOR THE PAYMENT OF FEES?.....
Responsible person's contact numbers.....
Who does the child stay with?.....
State name and relationship.....

WHO will bring and fetch child from school?.....
EMERGENCY telephone numbers.....

IF child comes with a transport driver it is for your child's safety that you supply us with details:DRIVER'S NAME+TEL NO.....