



# ▶ LIGHTHOUSE ▶

## Cambridge International School

Thank you for showing interest in enrolling your child at our school.

In order for us to process your application, kindly complete the attached application form and return it with copies of the following:

- Your child's latest report
- Copy of your child's ID or birth certificate
- Copy of a parent's ID
- Signed code of conduct
- Signed POPI act
- Signed School fee structure
- Signed Parent Contract

Kind regards  
Linda Openshaw  
PRINCIPAL



## APPLICATION FOR ADMISSION

**Child's Name** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_

**Identity Number** \_\_\_\_\_

**Physical Address** \_\_\_\_\_

\_\_\_\_\_

**Postal Address** \_\_\_\_\_

\_\_\_\_\_

### The Child's Family

Parents or Guardians

Name _____	Name _____
ID Number _____	ID Number _____
Occupation _____	Occupation _____
Place of Employment _____	Place of Employment _____
Usual Working Hours _____	Usual Working Hours _____
Telephone (W) _____	Telephone (W) _____
Telephone (H) _____	Telephone (H) _____
Cellular Phone _____	Cellular Phone _____

E-mail Address \_\_\_\_\_

Status of Parents (please tick): Living together \_\_\_\_\_ Living apart \_\_\_\_\_

Child lives with \_\_\_\_\_

Other children in the family:

Name	Birthdate

**Medical Information**

Doctor \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

In case of emergency contact \_\_\_\_\_

Medical Aid Details \_\_\_\_\_

Allergies \_\_\_\_\_

Medical Conditions \_\_\_\_\_

**Person Responsible for Payment of fees**

Full Name \_\_\_\_\_

ID Number \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Relationship to Learner \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_