



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 _____