



ENROLMENT APPLICATION

Child's name _____ Surname _____
Date of birth _____ Sex _____
Nationality _____ 1st language _____ 2nd Language _____
Name of Previous school _____ Grade _____

Mother's name _____	Father's name _____
Home Address _____	Home Address _____
Home Tel _____	Home Tel _____
Box Address _____	Box Address _____
Employment _____	Employment _____
Occupation _____	Occupation _____
Work Tel _____	Work Tel _____
Cell _____	Cell _____
Email _____	Email _____

MEDICAL INFORMATION

1. Medical Aid _____ NO: _____
2. Any disabilities or affliction? _____
3. Any allergies? _____
4. Any other medical information that we should be aware of? _____
5. Whom to contact in case of emergency? _____
6. Tel/cell _____ Relationship to child _____

Age Group – tick the relevant

STD 1 STD 2 STD 3 STD 4 STD 5 STD 6 STD 7

Name of whom responsible for Payments: _____

Signature: _____ Date _____

START DATE: _____

