



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

6 months - 2 ½ years 2 ½ - 4 years 4 – 5 years

Name of whom responsible for Payments: _____

Signature: _____ Date _____

START DATE: _____



STAFF LEAVE APPLICATION FORM

Date: _____

Name: _____

Designation: _____

Contact Details: _____

Date of last Leave: _____

	<i>inclusive</i>		No. of working days
	From	To	
Annual leave			
Sick Leave (certified)			
Sick Leave (uncertified)			
Other types of leave* (please specify) <i>(i.e. .Family leave, ML, PL, Adoption leave, jury leave, HL, etc.)</i>			

Signature: _____ Date: _____

Approval by immediate supervisor

Manager's signature: _____ Date: _____

Accrued leave balance as of end _____ is _____ days.

Please note:

For "certified" sick leave, medical certification should be submitted to Leave Monitor upon return.

