



Tel. 021-447-0546  
Fax 086-516-3346

**APPLICATION FOR ENROLMENT  
R200 TO ACCOMPANY THIS APPLICATION FORM**  
(Please fill in all items in block letters)

Particulars of Pupil				
Surname			Date of Birth (Copy of Birth Certificate to be provided)	
First names			Age	
Preferred Name			Gender (female/male)	
To be admitted to class			From Year	
Previous / Current School			Present Class	
Home Language		Religion		Nationality
Learning / adjustment problems				
General health				
Relevant medical history				
Allergies				
Current medication / treatment / therapy				
Medical Aid:	Name of Fund	Principal member's name		M.Aid No
Doctor's name			Telephone No	
Details of Brothers and Sisters				
Name	Age	Class	School	
Other Contact Person				
Name of contact person				
Relationship to pupil				
Telephone number (school hours)				

Particulars of Parents/Guardian		
	Mother	Father
Surname		
First Name		
Title		
Marital Status (married/divorced/single)		
Home Address		
Postal Code		
Postal Address		
Postal Code		
Home Tel No		
Fax no		
Cell no		
Email Address		
Occupation/Profession		
Business Name		
Business Address		
Postal Code		
Business Tel No		
Business Fax No		

Account Details	
Who undertakes the payment of your school fees?	

How did you hear about the School? (Advert, Brochure, Friend, Internet, Fayre, Other)	
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May the School use your telephone numbers and email address for internal school communication? Indicate with a ✓

YES  NO

Signature of Applicant..... Date.....