



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

APPLICATION FOR ENROLMENT R350 APPLICATION FEE TO BE SENT BY EFT

(Please fill in all items in block letters)

Particulars of Pupil					
Surname				Date of Birth(Provide copy of birth certificate)	
First names				Age	
Preferred Name				Gender	
To be admitted to class				From Year	
Previous / Current School and contact details				Present Class	
Are any monies owed to current/previous school?				ID Number	
Home Language		Religion		Nationality	
Race (We are required to provide the Department of Education with this information and it should be determined by the parent/guardian)					
Black/African	Coloured	Indian	Asian	White	Other
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		
ID Number (copies required)		
Marital Status (married/divorced/single)		
Home Address		
Postal Code		
Postal Address		
Postal Code		
Home Tel 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.....