**APPLICATION FORM**

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| **STUDENT’S DETAILS** | | | | |
| SURNAME | |  | | |
| FULL NAMES | |  | | |
| PREFERRED NAME | |  | | |
| DATE OF BIRTH | |  | | |
| ID NUMBER | |  | | |
| NATIONALITY | |  | | |
| HOME LANGUAGE | |  | | |
| LANGUAGE OF INSTRUCTION | |  | | |
| NUMBER OF SIBLINGS | |  | AGES | |
| **PARENT'S / GUARDIAN'S DETAILS** | | | | |
|  | MOTHER | | | FATHER (IF DIFFERENT) |
| SURNAME |  | | |  |
| FIRST NAMES |  | | |  |
| ID NUMBER |  | | |  |
| RESIDENTIAL ADDRESS |  | | |  |
| POSTAL ADDRESS |  | | |  |
| HOME NUMBER |  | | |  |
| CELL PHONE NUMBER |  | | |  |
| EMPLOYER |  | | |  |
| OCCUPATION |  | | |  |
| WORK PHONE NUMBER |  | | |  |
| E-MAIL ADDRESS |  | | |  |
| MARITAL STATUS |  | | |  |

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| **PERSON RESPONSIBLE FOR ACCOUNT** | |
| SURNAME |  |
| FIRST NAMES |  |
| ID NUMBER |  |
| CELL PHONE NUMBER |  |
| HOME PHONE NUMBER |  |
| WORK PHONE NUMBER |  |
| E-MAIL ADDRESS |  |
| POSTAL ADDRESS |  |
| OCCUPATION |  |
| EMPLOYER |  |

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| **MEDICAL DETAILS** | | |
| FAMILY DOCTOR: |  | |
| PHONE NUMBER: |  | |
| MEDICAL AID: |  | |
| MEMBERSHIP NUMBER: |  | |
|  | | MEDICATION (IF ANY): |
| ALLERGIES: | |  |
| CHRONIC ILLNESS: | |  |
| DISABILITIES: | |  |
| ADDITIONAL INFORMATION WE NEED TO BE AWARE OF: | | |

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| **EMERGENCY CONTACT** | |
| SURNAME |  |
| FIRST NAME |  |
| RELATIONSHIP TO STUDENT |  |
| CELL NUMBER |  |
| HOME NUMBER |  |
| WORK NUMBER |  |
| RESIDENTIAL ADDRESS |  |

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| **AFTERCARE / HOLIDAY CARE** | | | |
| Please indicate if you want to make use of the aftercare and/or holiday care facilities. | | | |
| AFTERCARE |  | HOLIDAY CARE |  |

**Please include the following documents:**

* A copy of student’s birth certificate
* A copy of both parent’s / guardian’s ID documents
* A copy of the ID of the person responsible for the account (if not the parents)
* A copy of the student’s immunization record (These are a requirement of the Department of Social Services and without these your child’s enrolment is not legal)
* Copy of Medical Aid card
* Copy of student’s most recent school report
* Signed Terms and Conditions of Enrollment
* Signed Indemnity Form
* Signed Photo Use Permission slip
* Signed Phone and e-mail permission slip
* Registration fee proof of payment (See Fee Structure for payment details)

**Please supply the following within the first week of the first term or on enrolment:**

* One bottle of hand washing soap
* One LARGE box of tissues
* Two LARGE packs of wet wipes
* Four toilet rolls (plain white, one ply)
* One pack (100 sheets) Bright Butterfly colored paper
* One ream of white printing paper

**Please send the following with your child on a daily basis:**

* Apron (to stay at school)
* Sunblock (to stay at school)
* One sun hat
* One complete change of clothes (Pre-school)
* One warm top
* Slippers to wear in class in winter/appropriate indoor shoes when necessary in summer (Pre-School)
* Gumboots/ “crocs” (when raining/muddy weather to wear outside)
* Plastic bags to send wet clothes home in (Pre-School)