



REGISTRATION FORM

Particulars of Child

Surname_____

First Names_____

Date of Birth_____

ID Number_____

Residential Address of Child

Postal Address of Child

Home Telephone Number_____

Cell phone contact(mother)_____

Cell phone contact no. (father)_____

Allergic/medical conditions_____

Medicines to be administered_____

Doctors Name & Contact Details_____

Medical Aid Name &

Number_____

Particulars of Parents

Mother's Name and Surname_____
Mother's Identity Number_____
Mother's E-mail Address_____
Father's Name and Surname_____
Father's Identity Number_____
Father's E-mail Address_____
Marital Status_____
Person responsible for the Payment of Fees_____

Emergency Contact Details

Name and Address of person who can be contacted in an emergency (preferably in close proximity to school):_____
Telephone Number:_____

Signature: _____ **Date of Enrolment:** _____

*** Please attach a copy of your child's unabridged birth certificate**