



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 _____

Doctor's 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: _____

Last school attended: _____

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

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