

"A home away from home with daily fun and learning"



Cnr Andre Brink and Albertyn Str Vorna Valley

Tel: 011-315-7622/0847029286

Operation hours: 06:30 – 18:00

06:30 – 17:30 (May 20<sup>th</sup> – July 31<sup>st</sup>)

## 2020 APPLICATION FORM

I (name of parent) \_\_\_\_\_ would like to apply for my child's registration in your school for the year: \_\_\_\_\_ The desired 1<sup>st</sup> day of school is \_\_\_/\_\_\_/\_\_\_

Name of child: \_\_\_\_\_ Preferred Name: \_\_\_\_\_

Surname: \_\_\_\_\_ Date of Birth: (d) \_\_\_ / (m) \_\_\_ / (y) \_\_\_

Home Language: \_\_\_\_\_ Age: \_\_\_\_\_

YEAR IN WHICH YOUR CHILD WILL BE IN GRADE 1: \_\_\_\_\_ (PLEASE NOTE THAT THIS DIRECTLY AFFECTS WHICH CLASS YOUR CHILD IS CURRENTLY PLACED IN)

Name of Parent (Mom): \_\_\_\_\_ Mom's Cell: \_\_\_\_\_

ID Numbers: \_\_\_\_\_ Work Tel: \_\_\_\_\_

Email: \_\_\_\_\_ Occupation: \_\_\_\_\_

Name of Parent (Dad): \_\_\_\_\_ Dad's Cell: \_\_\_\_\_

ID Number: (Dad) \_\_\_\_\_ Work Tel: \_\_\_\_\_

Email: \_\_\_\_\_ Occupation: \_\_\_\_\_

Home Address: \_\_\_\_\_

Is the child on any medication? Please tick Yes  No

If any, Specify: \_\_\_\_\_

Name of Doctor: \_\_\_\_\_ Tel: \_\_\_\_\_ Allergies? Yes  No

If any, Specify: \_\_\_\_\_

Preferred Medical Institution (In case of Emergencies): \_\_\_\_\_

Please provide: Child Birth certificate: \_\_\_\_\_ Both Parents' ID copies:  Medical Aid: \_\_\_\_\_

***Important: Fees; Terms and Conditions; Policies and School Rules are included in the 2020 fees structure document***