ADMISSION FORM

Particulars of child

1. Name of child: .....
   (name) (surname)
2. Address: .....

   .....
3. Date of Birth: ..... Gender: .....
4. Age of admission: ..... Date of admission: .....
5. Position of child in family: .....
6. Home language: .....

Medical history

Allergies: ……

Illnesses: .....

Medical Aid Name: .....

Medical Aid No: .....

NB* All children must be immunised against: TB, Diphtheria, Whooping Cough, Measles, German measles, Mumps and Polio. Yearly checks for ears(hearing) and eyes(vision) should also be done.

No medication will be administered at school under any circumstances.

We will not accept responsibility for non-compliance and non-adherence to the above procedure.

Particulars of Father

7. Name and surname: ……

8. Residential address: ……

……

9. Occupation: ……

10. Work address: ……

……

11. Work telephone: …… Cell number: ……

Email Address (personal preferred):

……

Particulars of Mother

12. Name and surname: .....

13. Residential address: .....

.....

14. Occupation: .....

15. Work address: .....

.....

16. Work telephone: ..... Cell number: .....

Email Address (personal preferred):

.....

Other contact:

17. Contact person other than parent: .....

Relation: ..... Telephone: .....

18. Names of person(s) responsible for bringing and fetching your child:

.....

.....

(Give relationship, address and telephone number if not a family member)

Billing Details

19. Name and surname: .....

20. Work telephone: ..... Cell number: .....

Email Address (personal preferred):

.....

21. Relationship: Mother/Father/Other (please specify) .....

Father: ..... (signature) ..... (Date)

Mother: ..... (signature) ..... (Date)

Other Contact: ..... (signature) ..... (Date)

Billing Person: ..... (signature) ..... (Date)

Please attach certified copies of the following:

- child's birth certificate.
- father's identity document.
- mother's identity document.
- clinic card (personal information of the child and immunisations).

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