



ADMISSION FORM – PRIVATE AND CONFIDENTIAL

Note: This information is required for purposes of completing surveys issued by the Department of Education and for organizing social events, such as parties and playdates with other parents.

Child to Start (dd/mm/yyyy)		Section	
PERSONAL INFORMATION			
Child's Surname:		Child's Full Names:	
Child's I.D./Passport #:		Child's Date of Birth:	
Home Address:		Medical Aid scheme & #:	
Home Telephone #:		Postal Address:	
Home Language:		Religion:	
Father's Name:		Mother's Name:	
Father's ID #:		Mother's ID #:	
Father's Employer:		Mother's Employer:	
Father's Occupation:		Mother's Occupation:	
Father's email Address:		Mother's email Address:	
Father's Cellular #:		Mother's Cellular #:	
Father's Work Telephone #:		Mother's Work Telephone #:	
Family Doctor's Name:		Doctor's Telephone #:	
Alternative Contact (other than parents) in Case of an Emergency			
Name:		Cellular #:	
Home Telephone #:		Cellular #:	
Administration			
Preferred method of payment:		Preferred email for school communication:	<input type="checkbox"/> Mother <input type="checkbox"/> Father
Future Primary:		Security Deposit receive on:	
Registration Fee received on:			

Please initial: