



The Willows School  
49 Garden Road  
Bordeaux 2194  
Tel: 011 787 8293 cell: 072 833 4196  
info@thewillows-school.co.za

## 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  |   |
| <b>PERSONAL INFORMATION</b>   |  |  |   |
| Child's Surname:  |  | Child's Full Names:                              |   |
| Child's I.D./Passport #:  |  | Child's Date of Birth:                           | Gender: M / F   |
| 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 #:                            |   |
| <b>Alternative Contact (other than parents) in Case of an Emergency</b> |  |  |   |
| Name:   |  | Cellular #:                                      |   |
| Home Telephone #:   |  | Cellular #:                                      |   |
| <b>Administration</b>   |  |  |   |
| Preferred method of payment:  |  | Preferred email for <u>school</u> communication: | <input type="checkbox"/> Mother <input type="checkbox"/> Father |
| Future Primary:   |  | Security Deposit receive on:                     |   |
| Registration Fee received   |  | Please initial:                                  |   |



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