



CHILD	Surname:	First Names:	Date of Birth:
	Home Language:	Current school:	School attending in Grade 1:

OTHER CHILDREN IN THE FAMILY	Surname:	First Names:	Date of Birth:
	Surname:	First Names:	Date of Birth:
	Surname:	First Names:	Date of Birth:

MOTHER	Surname:	First Names:	Occupation:
	Telephone (H):	Telephone (W):	Cell:
	Residential address:		I.D. No. :
			Home Language:
			Marital status:
	E-mail address:		Religion:

FATHER	Surname:	First Names:	Occupation:
	Telephone (H):	Telephone (W):	Cell:
	Residential address:		I.D. No. :
			Home Language:
			Marital status:
	E-mail address:		Religion:

\*Please indicate who would prefer to receive :school correspondence -  
\* :accounts -

Where did you hear about us?

ATTENDING	Monday	Tuesday	Wednesday	Thursday	Friday
Midday					
Midday + lunch					
14.30pm					
Mon-Thur 17.00pm(Friday 16.00pm)					

MEDICAL INFORMATION	Family Doctor's Name:	Telephone Number (W):
	Allergies:	Dietary Requirements:

EMERGENCY CONTACT DETAILS	Next of Kin:	Relationship to Child:	Telephone (H):
			Telephone (W):
	Other:	Relationship to Child:	Telephone (H):
			Telephone (W):

SIGNATURE : \_\_\_\_\_ DATE: \_\_\_\_\_

**THIS FORM IS NO GUARANTEE OF ENTRANCE TO THE PRE-SCHOOL**

**FOR OFFICIAL USE ONLY**

Entrance fee R \_\_\_\_\_ Date Paid: \_\_\_\_\_ Starting Date: \_\_\_\_\_  
Indemnity form: \_\_\_\_\_