



CHILD	Surname:	First Names:	Date of Birth:
	Home Language:	Current school:	School attending in Grade 1:
OTHER	Surname:	First Names:	Date of Birth:
CHILDREN IN	Surname:	First Names:	Date of Birth:
THE FAMILY	Surname:	First Names:	Date of Birth:

PARENT 1	Surname:	First Names:	Occupation:
	Telephone (H):	Telephone (W):	Cell:
	Residential address:		I.D. No. :
			Home Language:
			Marital status:
	E-mail address:		Religion:

PARENT 2	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
Middy					
Middy + lunch					
14.30pm					
Mon-Thur 17.00pm (Friday 16.00pm)					
Red Group Only (1 - 2yrs)	5 Days			3 Days	

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

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