

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 o	correspondence -		1	1
*	*		:accounts -			
Where did y	ou hear about us?					
	ou hear about us?	Monday	Tuesday	Wednesday	Thursday	Friday
ATTENDING	you hear about us?	Monday	Tuesday	Wednesday	Thursday	Friday
ATTENDING Midday	ou hear about us?	Monday	Tuesday	Wednesday	Thursday	Friday
ATTENDING Midday Midday + lunch	you hear about us?	Monday	Tuesday	Wednesday	Thursday	Friday
ATTENDING Midday Midday + lunch 14.30pm		Monday	Tuesday	Wednesday	Thursday	Friday
ATTENDING Midday Midday + lunch 14.30pm Mon-Thur 17.00p	m (Friday 16.00pm)	Monday		Wednesday		
ATTENDING Midday Midday + lunch 14.30pm	m (Friday 16.00pm)	Monday	Tuesday 5 Days	Wednesday	Thursday 3 D	
ATTENDING Midday Midday + lunch 14.30pm Mon-Thur 17.00p	m (Friday 16.00pm)			Wednesday Telephone Number (3 D	
ATTENDING Midday Midday + lunch 14.30pm Mon-Thur 17.00p Red Group Only (m (Friday 16.00pm) 1 - 2yrs) Family Doctor's Name			Telephone Number (3 D W):	
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