



## REGISTRATION FORM

### 1 ADMINISTRATION:

Date of Application:		Admission Date:	
Grade:		Half day:	Aftercare:
Account No.:		Deposit: Rec. No.:	

### 2 LEARNER'S DETAIL

Surname:		First Names:	
Known as:		Birth Date: / /	Age:
Gender:		Language:	
Referred by:		I.D. Number:	

Known allergies or specific problems:	
Last school attended:	Grade:

### 3 1ST GUARDIAN DETAIL

### 2ND GUARDIAN DETAIL

Marital status:		Marital status:	
Title:		Title:	
Initials:		Initials:	
First Names:		First Names:	
Surname:		Surname:	
ID Number:		ID Number:	
Relationship:		Relationship:	
Occupation:		Occupation:	
Employer:		Employer:	
Work Tel.:		Work Tel.:	
Home Tel.:		Home Tel.:	
Cell:		Cell:	
E-mail:		E-mail:	

#### 1ST GUARDIAN ADDRESSES

Postal Address	Residential Address	Other Address

#### CREDIT REFERENCES

COMPANY	ACCOUNT NO / TYPE	TEL NR.

**4 1ST EMERGENCY CONTACT  
(NOT 1ST GUARDIAN)**

**2ND EMERGENCY CONTACT  
(NOT 2ND GUARDIAN)**

Marital status:		Marital status:	
Title:		Title:	
Initials:		Initials:	
First Names:		First Names:	
Surname:		Surname:	
ID Number:		ID Number:	
Relationship:		Relationship:	
Occupation:		Occupation:	
Employer:		Employer:	
Work Tel.:		Work Tel.:	
Home Tel.:		Home Tel.:	
Cell:		Cell:	
E-mail:		E-mail:	

1st EMERGENCY CONTACT ADDRESSES		
Postal Address	Residential Address	Other Address

**5 MEDICAL AID DETAILS**

Doctor:		Dr.'s Tel. No.:	
Paediatrician:		Dr.'s Tel. No.:	
Medical Aid:		Medical Aid No.:	
Main Member:			

**6 PERSON RESPONSIBLE FOR THE PAYMENT OF THE ACCOUNT**

Surname:		Full Names:	
ID Number:		E-mail:	
Postal Address	Residential Address	Other Address	
Employer:			
Home Tel.:		Work Tel.:	

7 Please provide us with two current photos (2.5 X 2.5 cm) of the learner.

8 Please provide all relevant reports of the learner.

**9 DECLARATION**

I declare the above information to be true and correct.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date