

APPLICATION FORM



ENROLMENT YEAR: _____

A) LEARNER INFORMATION

Full Name:			
Date of Birth:			
Identity Number:			
Citizenship:		Sex:	M F
Home Language:		Religion:	
Previous School Attended:		Tel. of School:	
Siblings Names:		Siblings Ages:	

B) PARENT/GUARDIAN INFORMATION

Relationship to Child:	
Full Name:	
Identity Number:	
Residential Address:	
Home Telephone:	
Cellphone Number:	
E-mail Address:	
Occupation:	
Name of Firm:	
Business Address:	
Work Number:	

PARENT/GUARDIAN INFORMATION

Relationship to Child:	
Full Name:	
Identity Number:	
Residential Address:	
Home Telephone:	
Cellphone Number:	
E-mail Address:	
Occupation:	
Name of Firm:	
Business Address:	
Work Number:	

C) LEARNERS MEDICAL INFORMATION

Family Doctor:	
Contact Number:	
Medical Aid:	
Medical Aid Number:	
Detail of Allergies:	
Emergency contact name and number:	

DOCUMENTS TO BE SUBMITTED WITH APPLICATION FORM

- 1) COPY OF LEARNER'S UNABRIDGED BIRTH CERTIFICATE
- 2) COPY OF PARENT/GUARDIAN'S IDENTITY DOCUMENTS
- 3) COPY OF LEARNERS IMMUNISATION CARD
- 4) PROOF OR PAYMENT FOR APPLICATION FEE PAID INTO THE SCHOOL BANK ACCOUNT

ST ELIZABETH'S PRE-PRIMARY SCHOOL

NEDBANK, Pavilion

Branch Code: 138226

Account Number: 1382005148

**** PLEASE NOTE, ONLY ONCE ALL DOCUMENTATION IS RECEIVED CAN ENROLMENT TAKE PLACE****

OFFICE USE ONLY

Application form	
Copy of Birth Certificate	
Copy of BOTH Parent/Guardian's ID's	
Copy of Immunisation Card	
Proof of Application fee	

_____ Guardian 1 _____ Date

_____ Guardian 2 _____ Date

IMPORTANT:

1. The personal information provided in this application will only be used for the purpose of your child's application to the school and for related administration and correspondence throughout the duration of their enrolment.

2. References and Financial enquiries may be conducted prior to acceptance.