



ENROLLMENT FORM

Child's Details:

Surname: Mabogo

Full Names: Zwavhudi

Address: Waterford Complex

Fifth St, Carlswald, Midrand, 1684

Contact no: 072 067 1798(Mother) & 067 926 4343(Father) Date of Birth 23 June 2025

Illnesses: N/A

Special Needs: N/A

Doctors Name Dr Bilema Mwambenu

Is the child on Medical aid Yes If yes medical aid number Discovery Classic saver -813224220

Other Preferences/ Needs



Mother's Details:

Surname: Mulaudzi

Full Names: Rofhiwa Pretty

Address: Waterford Complex

Fifth St, Carlswald, Midrand, 1684

Contact Details:

(Work) 087 654 4381

(Cell) 072 067 1798

Father's Details:

Surname: Mabogo

Full Names: Phathutshedzo

Address: Waterford Complex

Fifth St, Carlswald, Midrand, 1684

Contact Details:

(Work) 011 677 2459

(Cell) 067 926 4343

I, Phathutshedzo Mabogo & Rofhiwa Pretty Mulaudzi have spoken to the principal and she has explained the rules and regulations to me. I am prepared to adhere to his requests and if any problems do arise, I will make arrangements with him immediately. Arrangements that will suit usboth.

Signature: 

Date: 27 October 2025