



### **ENROLLMENT FORM**

**Child's Details:**

Surname: \_\_\_\_\_

Full Names: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Contact no: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Illnesses: \_\_\_\_\_

Special Needs: \_\_\_\_\_

Doctors Name: \_\_\_\_\_

Is the child on Medical aid: \_\_\_\_\_ If yes medical aid number: \_\_\_\_\_

Other Preferences/ Needs

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



Mother's Details:

Surname: \_\_\_\_\_

Full Names: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Contact Details:  
(Work) \_\_\_\_\_

(Cell) \_\_\_\_\_

Father's Details:

Surname: \_\_\_\_\_

Full Names: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Contact Details:  
(Work) \_\_\_\_\_

(Cell) \_\_\_\_\_

I, \_\_\_\_\_ 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 us both.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_