



## **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 usboth.

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

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