OFFICE USE – End date		
Day	Month	Year



ENROLMENT FORM

Date of admission:				
Collection time:	12:30 ☐	14:00 ☐	15:00 ☐	17:30 ☐

CHILDS INFORMATION:	
Surname	
First Names	
Boy/Girl	
Date of Birth	
Childs ID No.	
Number of siblings	
First Language	
Other Schools Attended	
Family Religion	

PARENTS INFORMATION:	MOTHER	FATHER
First Name		
Surname		
ID NO.		
Home Address		
Occupation		
Work Tel		
Cell Number		
Email address		
Marital status		

AUTHOURIZED PERSONS TO COLLECT CHILD/S & EMERGENCY CONTACTS:		
Name	Relationship	Tel & Cell
1.		
2.		
3.		

MEDICAL INFORMATION:	
Medical Aid Scheme	
Medical Aid No.	
Family doctor:	
Full Name	
Contact Number	
Email address	
Allergies	
Any known illnesses/chronic conditions	

Please attach proof of payment for a non-refundable placement fee of R2500 (second child/sibling R2000) to secure your application along with 2 colour ID photos of your child.

Signed at _____ on the ____ of _____ 2026

_____

Parent/Guardian 1

_____

Parent/Guardian 2