



APPLICATION FOR ENROLMENT

PUPIL'S FULL NAMES: _____ KNOWN AS: _____
TELEPHONE (HOME): _____ DATE OF BIRTH: _____
RESIDENTIAL ADDRESS: _____ SEX: _____
PUPIL'S HOME LANGUAGE: _____ RELIGION: _____

FATHER'S FULL NAMES: _____
ID NUMBER: _____ KNOWN AS: _____
MOBILE: _____ NATIONALITY: _____
WORK ADDRESS: _____ EMAIL: _____
TELEPHONE (WORK): _____ OCCUPATION: _____
MARITAL STATUS: _____
RESIDENTIAL ADDRESS: _____ POSTAL ADDRESS: _____

MOTHER'S FULL NAMES: _____
ID NUMBER: _____ KNOWN AS: _____
MOBILE: _____ NATIONALITY: _____
WORK ADDRESS: _____ EMAIL: _____
TELEPHONE (WORK): _____ OCCUPATION: _____
MARITAL STATUS: _____
RESIDENTIAL ADDRESS: _____ POSTAL ADDRESS: _____

SIBLINGS:
NAME: _____ AGE: _____
NAME: _____ AGE: _____
NAME: _____ AGE: _____

NEXT OF KIN:
NAME: _____ RELATION: _____
MOBILE: _____



PREVIOUS EDUCATION:

DATE OF ENROLMENT:

SCHOOL PROGRAMME (please tick alongside your chosen times):

07H45-13H30

07H45-15H30

07H45-17H30

HOLIDAY CARE

CASUAL

REGULAR

SIGNED (FATHER):

DATE:

SIGNED (MOTHER):

DATE:
