



Admission Form

If your application is accepted an **R1500.00** Admission Fee is required in order to confirm your child's admission.

Pupil's Name & Surname:

Parents / Guardians Particulars

Father's details:

Surname: _____

Title: _____ Initials: _____

First Names: _____

I.D. Number: _____

Physical Address: _____

Postal Address: _____

Cell Phone No.: _____

Home No.: _____ Work No.: _____

E-mail address: _____

Please circle Yes or No below:

Legal Guardian YES/NO	Access Rights YES/NO	Living with YES/NO	Emergency YES/NO
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Mother's details:

Surname: _____

Title: _____ Initials: _____

First Names: _____

I.D. Number: _____

Physical Address: _____

Postal Address: _____

Cell Phone No.: _____

Home No.: _____ Work No.: _____

E-mail address: _____

Please circle Yes or No below:

Legal Guardian YES/NO	Access Rights YES/NO	Living with YES/NO	Emergency YES/NO
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Guardian's Details (Only Complete If Pupil Stays with a Guardian)

Title: _____ Initials: _____

Name and Surname: _____

I.D. Number: _____

Physical Address: _____

Postal Address: _____

Cell Phone No.: _____

Home No.: _____

Home No.: _____ Work No.: _____

E-mail address: _____

Please circle Yes or No below:

Legal Guardian YES/NO	Access Rights YES/NO	Living with YES/NO	Emergency YES/NO
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Medical Details

Is the pupil covered by a medical aid scheme? **YES / NO**

If so please supply details below:

Name of Scheme: _____

Pupils Dependent Contact No.: _____

Principal Members Name: _____

Membership No.: _____

Doctor's Name: _____

Phone No.: _____

Allergies & Medication required: _____

Please supply any information which might be helpful to the School Medical Officer, e.g. operations, serious illnesses, allergies, "Medic-Alert" wearer, if fitted with a dental brace (give description), if child has grommet/s etc.:

Please note that the school does keep a limited supply of medicines on the premises, however if your child has an allergy needing specific medication, please provide the school with a supply. I agree that if in the opinion of the Academic Head or his/her Deputy, an emergency has arisen and the parents cannot be contacted, the Academic Head or his/her deputy has authority to permit a Medical Practitioner nominated by him/her to carry out treatment or administer a general anesthetic, or perform any operation that may be considered necessary in the circumstances.

Sign: _____ Date: _____