



# APPLICATION FORM

Entry Date: \_\_\_\_\_  
Surname: \_\_\_\_\_ Birth Names: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Home Language: \_\_\_\_\_ Nick Name: \_\_\_\_\_  
Nationality: \_\_\_\_\_ Gender: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Postal Address: \_\_\_\_\_  
Telephone Home: \_\_\_\_\_

## FATHER / GAURDIAN

Full Name and Surname: \_\_\_\_\_  
ID Number: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Address ( W ): \_\_\_\_\_  
Telephone ( W ) : \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

## MOTHER / GAURDIAN

Full Name and Surname: \_\_\_\_\_  
ID Number: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Address ( W ): \_\_\_\_\_  
Telephone ( W ) : \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

Signature: Mother: \_\_\_\_\_ Father: \_\_\_\_\_

HANDED IN: FEES:  
Application Form: \_\_\_\_\_ Registration Fee: \_\_\_\_\_  
Registration Form: \_\_\_\_\_ Deposit: \_\_\_\_\_  
Birth Certificate: \_\_\_\_\_ Month Fee: \_\_\_\_\_  
Immunisation Form: \_\_\_\_\_ Perc. W/Book: \_\_\_\_\_  
Copy of ID ( Father ): \_\_\_\_\_ Total: \_\_\_\_\_  
Copy of ID ( Mother ): \_\_\_\_\_