

RE-REGISTRATION FORM – 2019



PLEASE USE BLOCK LETTERS AND WRITE CLEARLY USING A BLACK PEN TO CONFIRM THAT YOUR CHILD WILL RETURN IN 2019

Full Name and Surname of child: _____

Date of birth: yy yy / mm / dd

Home Address: _____

Home telephone number: _____

Which Primary school will your child attend? _____

In which year will he/she start primary school? _____

Name of Parent's/Guardian's:

Mothers name: _____

ID: _____

Mom's work tel: _____

Mom's cell: _____

Mom's e-mail: _____

Fax number: _____

Fathers name: _____

ID: _____

Dad's work tel: _____

Dad's cell: _____

Dad's e-mail : _____

Fax number: _____

MAIN MEMBER OF MEDICAL AID / PERSON RESPONSIBLE FOR ACCOUNT

Full name and surname: _____

Relationship to child: _____

Medical aid: _____

Medical aid number: _____

Home Doctor: _____

Dr Telephone number: _____

ID number: _____

Religion: _____

Does your child have any allergies or religious requirements? _____

Telephone numbers: WORK: _____

HOME: _____

CELL: _____

Residential address: _____

Postal address: _____

Occupation: _____

Name of company: _____

CONTACT PERSON (OTHER THAN PARENTS / WITH A DIFFERENT ADDRESS)

Name: _____

Relationship to child: _____

Telephone numbers: HOME: _____

Address: _____

WORK: _____

CELL: _____

I hereby agree that my child receives the necessary medical attention in case of an emergency. And will pay fees on/by the 1st of each month.

Signature of parent's/guardian's: _____

Date: _____