



## ADMISSION-ENROLMENT FORM 2026

### 1. PERSONAL PARTICULARS OF YOUR CHILD

Surname	
Name	
Date of birth (day/month/ year)	
Identity number	
Start date	
Sex (male or female)	
Home language	
Home address	
Name of the last school, creche, ECD centre	

### 2. PERSONAL PARTICULARS OF PARENTS/GUARDIAN/ CAREGIVER

Surname	
Name	
Relation to child	
Contact number	
Address if different from the child's (above)	
Employer's details	
Emergency Contact	

### 3. YOUR CHILD'S HEALTH INFORMATION

	Yes	No
Clinic card (Road to health)		
<b>Has your child had any of the sickness/accidents listed below</b>		
Hearing problems		
Problems with eyesight		
Epilepsy		
Chicken box		
Measles		
TB		
Whooping cough		
Has your child been involved in a serious accident/s? Add details		
Does your child have any allergies? (please add details below)		
Has your child had any operation?		
<b>Has your child received the following immunisations?</b>		
Polio		
BCG for TB		
Diphtheria		
Hepatitis B		
Whooping cough		
Measles		
Tetanus		
Other		
Does your child have healthy eating habits?		
<b>If your child is sick, where do you take your child?</b>		
Private doctor		
Clinic		
Hospital (please add information on the hospital below)		

#### 4. YOUR CHILD'S DEVELOPMENT

	Yes	No
Has your child's development been normal since birth		
Can your child put on their clothes?		
Can your child go to the toilet on their own		
Does your child enjoy playing with other children		
Does your child say goodbye to you quickly with no fuss?		
Can your child express what they want		
Are you perhaps not sure, or are you worried that you child has developed typically (please list the reason/s why you think this		

#### 5. ADMINISTRATION INFORMATION

If there are any changes to the info below, please advise the principal or teacher	Yes	No
Will your child eat breakfast at school?		
Who is authorized to bring your child to school?		
What time will you collect your child?		
Who is authorized to collect your child?		
Please add any other information you would like us to know		

#### 6. Billing information

The person responsible for the payments of the school fees. (Parents are ultimately responsible for the payment of the school fees even if somebody else has undertaken to pay them and defaults.)	
NAME:	
ADDRESS:	
ID NUMBER:	
LANDLINE NUMBER:	
CELL PHONE NUMBER:	
NEXT OF KIN NOT LIVING WITH YOU	
Please supply two credit references	1. 2.

#### 7. ADDITIONAL COMMENTS

**8. DECLARATION**

I hereby confirm that the information provided herein is accurate, correct and complete

Signed at \_\_\_\_\_ on this \_\_\_\_ day of \_\_\_\_\_ month \_\_\_\_\_ 20\_\_

\_\_\_\_\_  
Parent/guardian/caregiver Print name      Signature      Date

\_\_\_\_\_  
Witness Print Name      Signature      Date

**THE FOLLOWING DOCUMENTS MUST BE ATTACHED TO THE ENROLMENT FORM**

Description	Yes	No
Copy of parents/guardian/caregiver ID		
Child's birth certificate		
Child's immunization book/Road to Health Booklet		
Proof of Residency		