

### ENROLMENT FORM

#### A. STUDENT

*(Please print)*

1. Full name of student \_\_\_\_\_

2. Sex

M	F
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3. Date of birth (dd/mm/yy)

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4. Place of birth \_\_\_\_\_

#### B. MOTHER

1. Full name of mother \_\_\_\_\_

2. Identity number \_\_\_\_\_

3. Home address \_\_\_\_\_

4. Occupation \_\_\_\_\_

5. Telephone number

- Home

- Work

- Cell


6. Email: \_\_\_\_\_

#### C. FATHER

1. Full name of father \_\_\_\_\_

2. Identity number \_\_\_\_\_

3. Home address \_\_\_\_\_

4. Occupation \_\_\_\_\_

5. Telephone number

- Home

- Work

- Cell


6. Email: \_\_\_\_\_

#### D. FAMILY

1. Name / age of sisters(s) \_\_\_\_\_

2. Name / age of brother(s) \_\_\_\_\_

3. Name of grandmother(s) \_\_\_\_\_

4. Name of grandfather(s) \_\_\_\_\_

**E. NAME OF PERSON TO BE CONTACTED IN AN EMERGENCY SHOULD MUM OR DAD NOT BE AVAILABLE**

1. Full name \_\_\_\_\_
2. Telephone number \_\_\_\_\_
- Home
  - Work
  - Cell
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**F. NAME OF PERSON WHO MAY COLLECT STUDENT FROM SCHOOL**

1. Full name (1) \_\_\_\_\_
2. Full name (2) \_\_\_\_\_
3. Lift Club Mum / Dad \_\_\_\_\_

**G. NAME OF PERSON RESPONSIBLE FOR SCHOOL FEES**

1. Full name \_\_\_\_\_
2. Identity number \_\_\_\_\_
3. Postal address \_\_\_\_\_
4. Bank account (for debit order) \_\_\_\_\_
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**H. HEALTH & MEDICAL**

1. Allergies \_\_\_\_\_
2. Disability / Physical impairment \_\_\_\_\_
3. Current medical conditions \_\_\_\_\_
4. Current medication \_\_\_\_\_
5. History of infectious disease(s) \_\_\_\_\_
6. History of illnesses \_\_\_\_\_
7. History of operations \_\_\_\_\_
8. Family Doctor
- Name
  - Telephone
- |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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10. Habits / fears / concerns \_\_\_\_\_
11. Immunisation up to date 

Y	N
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 (copy of immunisation chart)
12. Food restrictions \_\_\_\_\_