



Sprokieland

62 Breyten street, Wierda Glen

P.O. Box 205, Wierdapark, 0149

Tel: (012) 653-6422/3

ADMISSION FORM

Starting date at Sprokieland

DETAILS OF CHILD

Surname:

Name:

Full name:

Date of Birth:

Gender

Allergies (please attach letter from doctor):

Home Language:

2nd Language:

Home Address:

Postal Address:

Postal Code:

Postal Code:

DETAILS OF FATHER AND MOTHER

FATHER

MOTHER

Title (mr, mrs, dr):

Surname:

Name:

ID Number:

Occupation:

Employer:

Cell Number:

Tel work:

Email:

Church Association:

FAMILY

Marital status:

Child is residing with:

OTHER CONTACT PERSONS

Contact person #1

Contact person #2

Surname:

Name:

Relationship:

Cell phone:

Address:

MEDICAL PERMISSION	
Doctor:	Tel:
Medical Aid:	Nr:
Do you give permission to medical assistance, if you are not available	<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you give permission if the abovementioned doctor is not available the school may use their own doctor?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Is your toddler immunized:	<input type="checkbox"/> YES <input type="checkbox"/> NO
Any operations undergone:	
Any medical problems:	
Any interventions by extension services (example therapists etc.):	
Reasons:	
BABIES	
Weight at Birth	
Did your baby had any problem with breathing at any stage	<input type="checkbox"/> YES <input type="checkbox"/> NO
DROPP OFF AND PICK UP	
Responsible person for dropping child off at school?	
Responsible person for picking child up from school?	
Other persons allowed to pick up child:	
Please tick:	<div>The abovementioned people may pick up child without permission <input type="checkbox"/></div> <div>Parents will arrange on a daily basis that abovementioned may pick up the child from school <input type="checkbox"/></div>
<p>I/we confirm that the above information is true and correct.</p> <p>I/we undertake to pay the monthly school fees on or before the 3rd day of each and every month.</p> <p>I/we confirm that we received and accepted the "Rules and Conditions".</p>	
Dated at CENTURION on this day of 20.....	
<div> <div>.....</div> <div>SIGNATURE FATHER</div> </div> <div> <div>.....</div> <div>SIGNATURE MOTHER</div> </div>	
Office	