**INFORMATION SCHEDULE**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of Child:** | | | | |
| **Date of Birth:** | | | | |
| **Age:** |  | **Gender:** | **M [ ]** | **F [ ]** |
| **Previous School Attended:** | | **Yes [ ] No [ ]** |  | |
| **Names of Siblings:** | | **Registration Fee Paid: Yes [ ] No [ ]** | | |
|  | |  | | |
| **Age:** | **Family Position:** | |
|  | | |

**Mother’s/Guardian’s Details Father’s/Guardian’s Details**

|  |  |  |
| --- | --- | --- |
| **Name:** |  |  |
| **Surname:** |  |  |
| **ID Number:** |  |  |
| **Physical Address:**  **(Chosen *Domicilium)*** |  |  |
| **Postal Address:** |  |  |
| **Tel Work:** |  |  |
| **Tel Home:** |  |  |
| **Cell phone no:** |  |  |
| **E-mail:** |  |  |
| **Company name & position held:** |  |  |
| **Marital Status:** |  |  |
| **How are you married? Please tick** | In Community of Property [ ]  Out of Community of Property [ ] |  |
| **Religion:** |  |  |

Copy of Medical Aid Card and Birth Certificate included: **Yes [ ] No [ ]**

1. **PAYMENT METHOD**

I prefer to make: *monthly* **[ ]** *termly* **[ ]** *annual* **[ ]** payments.

Via: *cash* **[ ]** *electronic transfer* **[ ]**

**Parent/Guardian signing Agreement and who responsible for account payment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **EMERGENCY CONTACT DETAILS**

**In the case of an emergency, please indicate which parent should be contacted?**

1. **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Emergency contact - other than parents:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name: | Relationship: | Cell: | Work: | Home: |
|  |  |  |  |  |
|  |  |  |  |  |

1. **COLLECTION OF CHILD**

**People allowed to collect your Child, other than parents/guardian:**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: | Relationship: | Cell: | Identity number: |
|  |  |  |  |
|  |  |  |  |

**Please note:**

**\*Parents/guardians and all persons allowed to collect your child must complete the security form, load their fingerprints and have a photo taken at the security office in order to be allowed access to the premises.**

1. **SPECIAL REQUESTS**

**Please indicate any special requests regarding the following:**

**Food** (Also complete Health Information Schedule):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medication** (Also complete Medication Schedule):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Other:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signed on this the \_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 20\_\_\_\_\_\_\_\_\_.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Parent /Guardian**