


Heidi



PRE-PRIMARY

HeidiKleuter@vodamail.co.za

Number: 013 665 3011 | Mobile: 082 946 9507
3 Strydom Street | PO Box 493 | Delmas | 2210

APPLICATION FORM

Date of Application _____

DETAILS OF STUDENT

Surname						
Full Names						
Better known as						
Date of Birth				ID Number		
Country of Origin				Citizenship		
Gender	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>	Language	
Residential Address						
Previous students at Heidi						

* Please attach a copy of birth certificate with application form

Religion						
Number of children in household						
Birth Order	Oldest	<input type="checkbox"/>	Middle	<input type="checkbox"/>	Youngest	<input type="checkbox"/>
Previous School						

Health Condition						
Name of Medical Aid						
Principal on Medical Aid						
Medical Aid Number						
Allergies						
Special medical conditions or illness <small>(for example. diabetes / asthma / epilepsy / allergic to bees / allergic reactions / haemophilia etc.)</small>						

* Please attach a copy of Medical Aid Card - both sides - with application form

DETAILS OF MOTHER

Surname			Title						
Full Names									
ID Number									
Marital Status	Married		Single		Divorced		Widower		
If married, please indicate	Prenuptial		Community of goods		Hindoe / Moslem		Other		
Contact Number									
Email Address									
Home Address									
								Postal Code	
Postal Address								Postal Code	
Profession									
Name of Employer									
Number of Employer									
Address of Employer									
Monthly Bruto Income	R5000 - 10,000		R10,000 - 15,000		R15,000 - 20,000		R20,000 +		

* Copy of ID Document

DETAILS OF FATHER

Surname			Title						
Full Names									
ID Number									
Marital Status	Married		Single		Divorced		Widower		
If married, please indicate	Prenuptial		Community of goods		Hindoe / Moslem		Other		
Contact Number									
Email Address									
Home Address									
								Postal Code	
Postal Address								Postal Code	
Profession									
Name of Employer									
Number of Employer									
Address of Employer									
Monthly Bruto Income	R5000 - 10,000		R10,000 - 15,000		R15,000 - 20,000		t +		

* Copy of ID Document

WHATSAPP COMMUNICATION (Preferred number for Whatsapp Groups)

Mother	
Father	

EMERGENCY CONTACT PERSON (Not the Parents)

Name & Surname	
Relation to Child	
Contact Number	

ATTENDANCE OF STUDENT

Attendance	Half day		Full day	
Who collects student on a regular basis				
Contact person if above mentioned is not available				

PERMISSION FOR SOCIAL MEDIA

Permission to post my child photos on social media	Yes		No	
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DOCUMENTATION

The following documents must accompany the application form

- One recent ID-sized photo of student - will be attached to this form
- A certified copy of the student's birth certificate
- Copy of Immunisation Card
- Copy of both parents/guardian's ID documents
- R100 administration fee - cash only! Receipt to be attached to document

I _____ (full names of parents/guardian) hereby undertake to adhere to the rules of HEIDI PRE-PRIMARY school at all times.

Furthermore, I give my permission that my child may participate in school activities or school outings. I accept that the necessary precautions will be taken to ensure my child's safety.

I accept the responsibility to pay all medical expenses in the unforeseen situation of any type of medical emergency and indemnify Heidi Nursery school of any liability, except if negligence of the responsible supervisor can be proven.

Furthermore I undertake to pay all payments that are due by the 7th day of each month. I understand that if I neglect to pay the prescribed fees that my child will lose its place in Heidi Pre-Primary school.

SIGNATURE OF FATHER

SIGNATURE OF MOTHER

SIGNATURE OF PRINCIPAL

DATE