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## **APPLICATION FORM**

PROPOSED DATE OF ENTRY INTO SCHOOL:		
<b>CHILD'S DETAILS</b>		
FIRST NAME:	SURNAME:	
GENDER:	DATE OF BIRTH:	
ID NUMBER:	LAST SCHOOL ATTENDED:	
HOME ADDRESS:		
<b>FATHER'S DETAILS</b>		
NAME:	ID NUMBER:	
HOME ADDRESS:		
TELEPHONE: H	W	CELL
E-MAIL ADDRESS:		
OCCUPATION:		
EMPLOYER:		
WORK ADDRESS:		
<b>MOTHER'S DETAILS</b>		
NAME:	ID NUMBER:	
HOME ADDRESS:		
TELEPHONE: H	W	CELL
E-MAIL ADDRESS:		
OCCUPATION:		
EMPLOYER:		
WORK ADDRESS:		
<b>GENERAL</b>		
OTHER CHILDREN IN FAMILY:		
HOME LANGUAGE:		
RELIGION:		
PLEASE INDICATE IF YOU WOULD NOT LIKE YOUR CHILD TO PARTICIPATE IN OUR CHRISTIAN ACTIVITIES:    yes / no		
NAME OF DOCTOR:	TEL NO:	
<b>ALTERNATIVE CONTACT PERSON IF PARENTS ARE UNAVAILABLE</b>		
NAME:	RELATIONSHIP:	CELL:
I declare that the above information supplied is correct and acknowledge that the supply of false information will invalidate this application.		
NAME: _____	SIGNATURE: _____	DATE: _____



**PLEASE SIGN AND RETURN TO THE OFFICE WITH A COPY OF THE ID OF THE PERSON RESPONSIBLE FOR PAYING THE FEES – 2025**

I, \_\_\_\_\_ parent / guardian  
(Please print name)

of \_\_\_\_\_ Grade \_\_\_\_\_  
(Please print name)

hereby confirm that I am the person responsible for payment of school fees. I have taken note of the fee structure and policy and agree to pay the fees in accordance with the said policy:

Please indicate how you wish to pay the fees: ANNUALLY   
PER TERM   
11 EQUAL PAYMENTS

\_\_\_\_\_  
SIGNATURE OF PARENT/GUARDIAN

\_\_\_\_\_  
DATE