

1. LEARNER INFORMATION				
Surname :		Name :		
Grade :	No of years in grade :	ID or date of birth :		
Male / Female :	Nationality :	Years in Phase :		
No of <u>your children</u> in this school :		Position in family : child of children		
Language spoken at home :		Language of instruction (school) :		
Name of previous school :		Tel :		
Residing with : Mother Father Father and Mother Guardian (Please ✓ where applicable)				
Surname and initial of Parent / Guardian (Where child resides / lives) :				
Residential Address : Street Address :				
Suburb :		City :	Code :	
Postal Address : (if it differs from residential address)				
City :		Code :		
Home Telephone Number :			Home Cell :	
2. NB : NEXT OF KIN / FRIEND / RELATIVE : (WHO CAN BE CONTACTED IN CASE OF EMERGENCY) NOT THE PARENTS PLEASE			Surname & Initial :	
			Tel(h) :	Tel (w) :
			Cell No. :	
			Relationship to learner :	
3. MOTHER' INFORMATION			(NB) ID Number :	
Title :	Initials :		Surname :	
Marital Status : e.g. (married, divorced, separated, unmarried, widow, remarried, other) :				
Parenthood : e.g. (biological, stepmother, guardian, biological single, adoptive parent, other) :				
Highest qualification :		Home Tel No (if different from learner) :		
Address of Mother :				
E-Mail :			Fax :	
<u>EMPLOYMENT DETAILS OF MOTHER :</u>				
Work Tel No :			Occupation :	
Business Cell :			Company :	
4. FATHER'S INFORMATION			(NB) ID Number :	
Title :	Initials :		Surname :	
Marital Status : e.g. (married, divorced, separated, unmarried, widow, remarried, other) :				
Parenthood : e.g. (biological, stepfather, guardian, biological single, adoptive parent, other) :				
If the parents are divorced, does the child have contact with the non-custodial parent?				
How often?				
Highest qualification :		Home Tel No (if different from learner) :		
Address of Father : (only to be completed if the learner does not live with the mother)				
E-Mail :			Fax :	
<u>EMPLOYMENT DETAILS OF FATHER :</u>				
Work Tel No :			Occupation :	
Business Cell :			Company :	
5. PERSONAL INFORMATION OF THE PERSON RESPONSIBLE FOR PAYMENT OF THE ACCOUNT				
(NB) ID Number :				
Title :	Initials :	Surname		
RELATIONSHIP WITH THE LEARNER :				
Father	Mother	Guardian	Grandparent	Other
Residential Address :				
Suburb :		City :	Code :	
Postal Address :				
City :			Code :	
Home Telephone Number :		Home Cell :	Home email	
EMPLOYMENT DETAILS OF PERSON RESPONSIBLE FOR PAYMENT OF THE ACCOUNT				
Work Tel. Nr. :		Fax No. :	Occupation :	
Name Business /Company:			Email-address:	

6. MEDICAL INFORMATION :		
Medical Aid :	Medical Aid Number :	
Name of General Practitioner :	Tel :	
Name of Neurologist :	Tel :	
8. MEDICATION :		
Is the learner currently on any chronic medication? If so, please complete the following section :		
Name of medication	Dosage	Time taken
7. ALLERGIES :		
Does the learner have any allergies? If so, complete the following :		
Allergy :		
Medication :		
(Please supply the school with medication to be used in case of emergency e.g. bee-sting antidote)		
8 GENERAL MEDICAL CONDITIONS [e.g. Asthma, epilepsy, heart conditions etc].		
Type of condition :		
Medication (if any) :		
Precautionary measures (if any)		
Changes in medication will not be implemented unless the Class Teacher has been notified in WRITING		