

PRE-PRIMÊR BERLIN PRE-PRIMARY



GREYSTRAAT/STREET
BERLIN
5660
TEL/FAX: 043-6852561

WE CARE ONS GEE OM

APPLICATION FORM

The following is to be included in the completed application:

- A certified copy of your child's Clinic Card
- A certified copy of your child's Birth Certificate
- A certified copy of both parent's / guardians' Identity documents
- Proof of Residence (Utilities bill)

PUPIL INFORMATION FORM

SURNAME: _____

FIRST NAME/S: _____

DATE OF BIRTH: _____

IDENTITY NUMBER: _____

GENDER: _____

HOME LANGUAGE: _____

OTHER LANGUAGES SPOKEN: _____

POPULATION GROUP: _____

RELIGION: _____

LEARNER RESIDES WITH: ☐ MOTHER ☐ FATHER ☐ BOTH ☐ GUARDIAN

HOME ADDRESS: _____ CODE: _____

POSTAL ADDRESS: _____ CODE: _____

NAME OF PREVIOUS SCHOOL: _____ CONTACT NO: _____

ADDRESS: _____

DOES YOUR CHILD HAVE ANY BROTHERS/SISTERS, IF YES HOW MANY? _____

IS THE CHILD YOUR 1st, 2nd 3rd _____?

NUMBER OF PEOPLE LIVING IN THE CHILD'S HOME: _____

DOES YOUR CHILD HAVE A BROTHER/SISTER AT THE BERLIN PRIMARY SCHOOL? _____

IF YES, NAME: _____ GRADE: _____

PARENT/GUARDIAN INFORMATION

FATHER _____ GUARDIAN _____

MOTHER _____ GUARDIAN _____

TITLE: _____ (Mr./Dr)

TITLE: _____ (Mrs./Ms./Dr.)

FIRST NAMES: _____

FIRST NAMES: _____

SURNAME: _____

SURNAME: _____

MARITAL STATUS: _____

MARITAL STATUS: _____

NATIONALITY: _____

NATIONALITY: _____

IDENTITY NO: _____

IDENTITY NO: _____

CELL NUMBER: _____

CELL NUMBER: _____

HOME TELEPHONE: _____

HOME TELEPHONE: _____

WORK TELEPHONE: _____

WORK TELEPHONE: _____

HOME ADDRESS: _____

HOME ADDRESS: _____

(If different from pupil information)

(If different from pupil information)

POSTAL ADDRESS: _____

POSTAL ADDRESS: _____

(If different from pupil information)

(If different from pupil information)

OCCUPATION: _____

OCCUPATION: _____

PLACE OF WORK: _____

PLACE OF WORK: _____

EMAIL ADDRESS: _____

EMAIL ADDRESS: _____

MEDICAL INFORMATION

DOCTOR: _____

DOC TEL NO: _____

MEDICAL AID NAME: _____

MEDICAL AID NO: _____

ADDITIONAL CONTACT PERSON (OTHER THAN PARENT'S)

NAME AND SURNAME: _____

RELATIONSHIP TO PUPIL: _____

CONTACT NUMBER/S: _____

SEVERE ALLERGIES THAT THE SCHOOL SHOULD BE AWARE OF (ASTMA / BEE STINGS / PEANUTS ETC)

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PARENT DECLARATION: I HEREBY DECLARE THAT:

1. THE ABOVE INFORMATION IS TRUE AND CORRECT.
2. I ACCEPT THE SCHOOL RULES AND CODE OF CONDUCT.
3. I WILL HOLD THE SCHOOL IN NO WAY RESPONSIBLE FOR LOSS OF PERSONAL EFFECTS AT SCHOOL.
4. I WILL MEET MY FINANCIAL COMMITMENTS TO THE SCHOOL.

SIGNATURE: FATHER/GARDIAN

SIGNATURE: MOTHER/GUARDIAN

DATE

DATE