



KIDS ON THE BAY

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APPLICATION FOR ENROLMENT

for 20.....

PERSONAL DETAILS OF LEARNER: (PLEASE PRINT CLEARLY)

First Name in full: Surname of Learner:

Preferred name: Gender.....

Residential address: Postal code:

Identity Number:

Date of birth (*copy of birth certificate to be supplied*):

Home Language: Citizenship:

Previous school:

PARTICULARS OF 1st PARENT/GUARDIAN: (i.e. the parent to be contacted first)

Title: (Mr./Mrs./Ms./Miss/Prof/Dr) Surname:

First Names (in full):

Telephone Number (Home): Cell No:

Residential Address:

ID number: (*copy to be supplied*).....

Marital status: Relationship to Learner:

Occupation: Name of Employer:

Employer's physical address:

E-mail address: Employer's work no:

PARTICULARS OF 2nd PARENT/GUARDIAN:

Title: (Mr./Mrs./Ms./Miss/Prof/Dr) Surname:

First Names (in full):

Telephone Number (Home): Cell Number:

Residential Address (if different to above):

ID number: (*copy to be supplied*).....

Marital status: Relationship to Learner:

Occupation: Name of Employer:

Employer's physical address:

E-mail address: Employer's work no:

Special needs of learner: (parent/guardian must specify any special educational needs e.g. epilepsy, allergies, wheelchair)

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EMERGENCY CONTACT PERSON:

Name:

Relationship to learner:

Tel No: Cell no:

Signed on 20

Signature:

***THANK YOU FOR FILLING OUT THIS APPLICATION FORM,
YOUR CHILDS NAME WILL BE ADDED TO THE LIST.***