

SnippiPie



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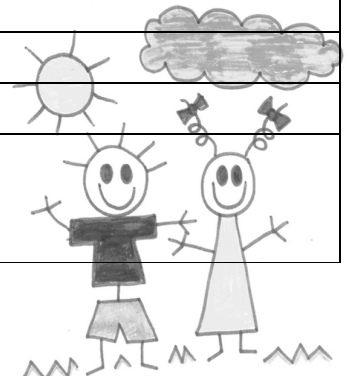
Admission Form

Date of admission: _____

Child's Details		
Surname:		
Forenames:		
Date of Birth:		
ID Number		
Age at Entry:		
Allocated Class		
Child's Gender	Male / Female	
Parent's Details		
	Mother/Guardian	Father/Guardian
Surname:		
Forenames:		
Date of Birth:		
ID Number:		
Occupation:		
Employers Name:		
Home Address:		
Postal Address:		
Telephone Home:		
Telephone Work:		
Landline Number:		
Cell phone Number:		
Email address:		

4 Yinlanstraat, Vredekloufhoogte, Brackenfell

admin@snippies.co.za www.snippiesnuitertjie.co.za



Emergency Contact Must be different to Mother and Father If possible, please provide two emergency contacts		
Name:		
Relationship to the child:		
Telephone numbers:		
Family Doctor		
Doctors Name	Telephone Number	Physical Address
When last was your child at the doctor? Briefly specify cause		
In the event, your child is very ill, and we cannot get hold of you may we take your child to the local doctor? NB: Parents will be liable for all associated charges		Yes / No
Medical Aid Details		
Scheme Name:		
Plan:		
Membership No.:		
Principal Member:		
Security		
Who will bring the child to school?		
Who will collect the child from school?		
Billing Information		
The person responsible for payment of school fees (NB: The parents are responsible for payment of the school fees, even if somebody else has undertaken to pay them and defaults)	Name:	
	Postal Address:	
	Residential Address:	
	Id Number:	
	Office Landline:	
	Home Landline:	
	Cell phone Number:	

Next of kind not living with you	Name	
	Residential Address	
	Telephone Numbers:	
	Home:	
	Office:	
	Cell phone:	

Signatures

Father/Guardian:

I, _____, ID Number _____, hereby confirm that all the information supplied on this form is true and correct at the time of signing this document.

Signed at _____, on this day _____ of _____, 2_____

Father/Guardian Name

Father/Guardian Signature

Mother/Guardian:

I, _____, ID Number _____, hereby confirm that all the information supplied on this form is true and correct at the time of signing this document.

Signed at _____, on this day _____ of _____, 2_____

Mother/Guardian Name

Mother/Guardian Signature

Documents Required – Copy:

1. ID/Passport document for both parents
2. Child's birth certificate/passport
3. Child's immunisation certificate/Road to Health Booklet
4. Proof of Residence

