



## 2025 APPLICATION FORM

Child Name and Surname: \_\_\_\_\_

Gender: Boy / Girl                      Age \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Date for Admission into the School: \_\_\_\_\_

Date of Application: \_\_\_\_\_

### Parents / Guardians Information

Information	Parent	Parent
Title		
Surname		
First Names		
I.D. Number		
Occupation		
Employer		
Cell Number		
Work Tel Number		
Home Tel Number		
e-mail address		
Marital Status		

Application for Full Day (06h30 – 17h30)

OR

Application for Half Day (06h30 – 13h30)

Home Language: \_\_\_\_\_

Home Address: \_\_\_\_\_

Postal Address: \_\_\_\_\_

**Medical Aid Information:**

Scheme Name: \_\_\_\_\_

Membership Number: \_\_\_\_\_

Plan: \_\_\_\_\_

Doctors name and Telephone Number: \_\_\_\_\_

Any additional Information (allergies, medicines etc)

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**Emergency Contacts: (not parents)**

Name	Relationship to child	Home Number	Work Number	Cell Number

Previous Family members that have attended Eastern Suburbs Pre-Primary School

Name	Relationship to child	Date of Attendance

**Please attach the following to the application form:**

-  I.D. Documents of both parents (or Passport if not an SA Citizen)
-  Copy of the child's Birth Certificate
-  Copy of child's immunisation card

**Person Responsible for Payment:**

Name : \_\_\_\_\_

I.D. Number : \_\_\_\_\_

Relationship to the child: \_\_\_\_\_

I declare that I agree to pay the school fees for the child on time every month and understand that should the school fees not be paid, interest at a rate of prime +3% will be charged and the school can refuse to allow my child back to school until the backlog has been paid.

I also agree that should the school find it necessary to take legal, or any other, action against me for outstanding fees, I will be liable for the costs incurred.

I will pay the school Fees:	Monthly / Annually with a 5% discount
I will pay the Art Levy	Annually/ Quarterly / monthly

Signature of Person Responsible for the Fees \_\_\_\_\_

Signature of the Guardian of the Child : \_\_\_\_\_

Relationship : \_\_\_\_\_

Any additional information the teachers or the school should be aware of:

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