

Heidi



PRE-PRIMARY

HeidiKleuter@vodamail.co.za

Number: 013 665 3011 | Mobile: 082 946 9507
3 Strydom Street | PO Box 493 | Delmas | 2210

APPLICATION FORM

Date of Application _____

DETAILS OF STUDENT

| | | | | | |
|-----------------------------------|------|--------------------------|--------|--------------------------|-----------------|
| Surname | | | | | |
| Full Names | | | | | |
| Better known as | | | | | |
| Date of Birth | | | | ID Number | |
| Country of Origin | | | | Citizenship | |
| Gender | Male | <input type="checkbox"/> | Female | <input type="checkbox"/> | Language |
| Residential Address | | | | | |
| Previous students at Heidi | | | | | |

* Please attach a copy of birth certificate with application form

| | | | | | |
|--|--------|--------------------------|--------|--------------------------|----------|
| Religion | | | | | |
| Number of children in household | | | | | |
| Birth Order | Oldest | <input type="checkbox"/> | Middle | <input type="checkbox"/> | Youngest |
| Previous School | | | | | |

| | | | | | |
|---|--|--|--|--|--|
| Health Condition | | | | | |
| Name of Medical Aid | | | | | |
| Principal on Medical Aid | | | | | |
| Medical Aid Number | | | | | |
| Allergies | | | | | |
| Special medical conditions or illness <small>(for example. diabetes / asthma / epilepsy / allergic to bees / allergic reactions / haemophilia etc.)</small> | | | | | |
| | | | | | |

* Please attach a copy of Medical Aid Card - both sides - with application form

DETAILS OF MOTHER

| | | | | | | | | | |
|------------------------------------|----------------|--|--------------------|--|------------------|--|-------------|--|--|
| Surname | | | Title | | | | | | |
| Full Names | | | | | | | | | |
| ID Number | | | | | | | | | |
| Marital Status | Married | | Single | | Divorced | | Widower | | |
| If married, please indicate | Prenuptial | | Community of goods | | Hindoe / Moslem | | Other | | |
| Contact Number | | | | | | | | | |
| Email Address | | | | | | | | | |
| Home Address | | | | | | | Postal Code | | |
| Postal Address | | | | | | | Postal Code | | |
| Profession | | | | | | | | | |
| Name of Employer | | | | | | | | | |
| Number of Employer | | | | | | | | | |
| Address of Employer | | | | | | | | | |
| Monthly Bruto Income | R5000 - 10,000 | | R10,000 - 15,000 | | R15,000 - 20,000 | | R20,000 + | | |

* Copy of ID Document

DETAILS OF FATHER

| | | | | | | | | | |
|------------------------------------|----------------|--|--------------------|--|------------------|--|-------------|--|--|
| Surname | | | Title | | | | | | |
| Full Names | | | | | | | | | |
| ID Number | | | | | | | | | |
| Marital Status | Married | | Single | | Divorced | | Widower | | |
| If married, please indicate | Prenuptial | | Community of goods | | Hindoe / Moslem | | Other | | |
| Contact Number | | | | | | | | | |
| Email Address | | | | | | | | | |
| Home Address | | | | | | | Postal Code | | |
| Postal Address | | | | | | | Postal Code | | |
| Profession | | | | | | | | | |
| Name of Employer | | | | | | | | | |
| Number of Employer | | | | | | | | | |
| Address of Employer | | | | | | | | | |
| Monthly Bruto Income | R5000 - 10,000 | | R10,000 - 15,000 | | R15,000 - 20,000 | | t + | | |

* Copy of ID Document

WHATSAPP COMMUNICATION (Preferred number for Whatsapp Groups)

| | |
|---------------|--|
| Mother | |
| Father | |

EMERGENCY CONTACT PERSON (Not the Parents)

| | |
|---------------------------|--|
| Name & Surname | |
| Relation to Child | |
| Contact Number | |

ATTENDANCE OF STUDENT

| | | | | |
|---|----------|--|----------|--|
| Attendance | Half day | | Full day | |
| Who collects student on a regular basis | | | | |
| Contact person if above mentioned is not available | | | | |

PERMISSION FOR SOCIAL MEDIA

| | | | | |
|---|-----|--|----|--|
| Permission to post my child photos on social media | Yes | | No | |
|---|-----|--|----|--|

DOCUMENTATION

The following documents must accompany the application form

- One recent ID-sized photo of student - will be attached to this form
- A certified copy of the student's birth certificate
- Copy of Immunization Card
- Copy of both parents/guardian's ID documents
- R100 administration fee - cash only! Receipt to be attached to document
- Indemnity Form
- Proof of residence

I _____ (full names of parents/guardian) hereby undertake to adhere to the rules of HEIDI PRE-PRIMARY school at all times.

Furthermore, I give my permission that my child may participate in school activities or school outings.

I accept that the necessary precautions will be taken to ensure my child's safety.

I accept the responsibility to pay all medical expenses in the unforeseen situation of any type of medical emergency and indemnify Heidi Nursery school of any liability, except if negligence of the responsible supervisor can be proven.

Furthermore I undertake to pay all payments that are due by the 7th day of each month. I understand that if I neglect to pay the prescribed fees that my child will lose its place in Heidi Pre-Primary school.

SIGNATURE OF FATHER

SIGNATURE OF MOTHER

SIGNATURE OF PRINCIPAL

DATE