

LEARNER DETAILS

Name/Surname													Grade		
Date of Birth														-	-

Home Language _____

Church _____

SIBLING/COUSIN AT SCHOOL

Grade Name _____

FATHER/GUARDIAN

Father's Name _____

Residential Address _____

I.D.Number _____

Occupation _____

Employer _____

Employer's Address _____

Whatsapp No _____

Telephone-work _____

Cell phone _____

Email _____

MOTHER/GUARDIAN

Mother's Name _____

Residential Address _____

I.D.Number _____

Occupation _____

Employer _____

Employer's Address _____

Whatsapp No _____

Telephone-work _____

Cell phone _____

Email _____

GUARDIAN

Guardian's Name _____

Address _____

Whatsapp No _____

Cell phone _____

MEDICAL DETAILS

Medical Aid Name _____

Medical Aid Number _____

Doctor's Name _____

Doctor's Telephone Number _____

Allergies _____

Medical problems _____

CATHOLICS must please complete this section

Is he/she baptized?

YES

NO

To which parish do you belong?

TRANSPORT

Name of taxi driver / person who collects child _____

Contact no. of taxi driver / owner _____

Make of taxi / car _____

Registration no. of vehicle _____