

LEARNER DETAILS

Name/Surname Grade

ID NO

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Date of Birth

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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

Main Member

Doctor's Name

Doctor's Telephone Number

Allergies

Medical problems

Emergency Contact Person

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