


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		Female		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		Middle		Youngest	
Previous School						

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

* 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	
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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 Immunisation Card
- ☐ Copy of both parents/guardian’s ID documents
- ☐ R100 administration fee - cash only! Receipt to be attached to document
- ☐ Indemnity Form

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