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Application for Admission 2019

DATE OF APPLICATION:

SURNAME:

CHILD'S NAME:

DATE OF BIRTH: y..... m d

GENDER OF CHILD: LANGUAGE:

CHILD'S PHYSICAL ADDRESS:

HOME TEL NO.

FULL NAME OF FATHER:

CELLULAR NUMBER:

EMAIL ADDRESS:

FULL NAME OF MOTHER:

CELLULAR NUMBER:

EMAIL ADDRESS:

STARTING DATE REQUIRED:

GROUP REQUIRED:

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|-----|-----------|-----------|-----------|-----------|
| 3m+ | Turning 2 | Turning 3 | Turning 4 | Turning 5 |
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A payment of **R400**, which is non-refundable, is required on completion of this form.

PARENT SIGNATURE:

