



Address: 79 Gosforth Crescent, Kyalami Estates, 1684
 Tel: (011) 702 1201 / (011) 468 4355
 Fax: (011) 468 1930
 Email: info@kepp.co.za
 Website: www.kepp.co.za

Enrolment Form 2017

ENROLMENT DATE:

GROUP:

3m+	Turning 2	Turning 3	Turning 4	Turning 5
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COLLECTION TIMES:

12:30 (school only)	13:30 (lunch included)	15:00 (lunch & sleep)	17:00 (lunch, sleep, snack & play)
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FEE OPTIONS:

Monthly x 12 payments	Termly x 3 payments	Annually x 1 payment
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CHILDS DETAILS

SURNAME: FIRST NAMES:

GENDER: DATE OF BIRTH:

HOME LANGUAGE: TEL NO:

HOME ADDRESS:

RELIGION: NATIONALITY:

PREVIOUS SCHOOL:

FATHERS DETAILS

SURNAME: FIRST NAMES:

IDENTITY NUMBER:

HOME TEL NO: CELL NUMBER:

WORK TEL NO: EMAIL:

POSTAL ADDRESS:





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MOTHERS DETAILS

SURNAME: FIRST NAMES:.....

IDENTITY NUMBER:

HOME TEL NO: CELL NUMBER:.....

WORK TEL NO:..... EMAIL ADDRESS:.....

POSTAL ADDRESS:.....

MEDICAL INFORMATION

DOCTOR:..... TEL NO:.....

ALLERGIES:.....

.....

EMERGENCY CONTACT DETAILS (OTHER THAN SELF)

NAME:..... RELATIONSHIP:.....

CELL NO:..... WORK NO:.....

PHYSICAL ADDRESS:.....

Please enclose a copy of your child's birth certificate, immunization card and last school report (if applicable).
Please enclose a copy of both parent's Identity Documents and your Medical Aid Card (if applicable).

We agree that our child's admission is subject to the conditions of admission as determined by the Principal.

MOTHER SIGNATURE:..... FATHER SIGNATURE:.....

SIGNED AT:..... SIGNED AT:.....

DATE: DATE:

