

## **APPLICATION FOR ENROLMENT**

I request registration of the undermentioned child on your school's waiting list for admission to the school as and when possible in accordance with the decision of the Governing Body.

On acceptance and prior to my child's entrance to Kloof Pre-Primary School, I shall pay a non-refundable admission fee of R2200.00. R2000 shall be held by the school and credited to the pupils 4th term fees of their Grade R year.

Name of child:			Sex:
Date of Birth: DE	D	MM	YYYY
(Please supply a cop	y of your child's bir	th certificate and immunization card)	
Year in which yo	ur Admission is	desired:	
Name and title of	f Parent\Guardi	an:	
Domicillium Addr	ess: (Address to	accept delivery of all notices or correspondence)	
Father's Name a	nd Title:		
Occupation:			
			Home:
Mother's Name a	and Title:		
Occupation:			
Business Name:			
Business Teleph	one:	Cell Phone:	Home:
Signature of Mot	her:	Signature of Father:	Signature of School Secretary:
Date <sup>.</sup>		Date:	Date