



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 refundable deposit 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: DD.....MM.....YYYY.....

(Please supply a copy of your child’s birth certificate and immunization card)

Year in which your Admission is desired:

Name and title of Parent\Guardian:

Domicillium Address: (Address to accept delivery of all notices or correspondence)

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Father’s Name and Title:

Occupation:

Business Name:

Business Telephone: Cell Phone: Home:.....

Email:

ID Number:

Mother’s Name and Title:

Occupation:

Business Name:

Business Telephone: Cell Phone: Home:.....

Email:

ID Number:

Signature of Mother:

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Date:

Signature of Father:

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Date:

Signature of School Secretary:

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Date.....