



# Siembamba Playschool

40 Luneville Road, Lorraine, Port Elizabeth. Tel: 041-367 4976

## APPLICATION FORM 2018 / 2019

**Name and Surname of pupil:** .....

Date of birth: ..... Application Date :    /    /    Starting date:       /    /   

Home language: ..... Home tel. no: ..... Church denomination: .....

Address: .....

Previous school(s) attended by pupil: ..... Immunisation: .....

Allergies /Medical problems? .....

**Name and Surname of Father :** .....

ID no: .....

Work Address: ..... Work Tel: ..... Occupation: .....

Cellphone No: ..... E-mail Address: .....

**Name and Surname of Mother:** .....

ID no: .....

Work Address: ..... Work Tel: ..... Occupation (*Previous is any*): .....

Cellphone No: ..... E-mail Address: .....

Who will bring the pupil to school? ..... Fetch? .....

**Other children in the family:**

1: Name: ..... Age: .....

2: Name: ..... Age: .....

**Medical Doctor** .....

Telephone: .....

Medical Aid and Number: ..... Membership No: .....

**If your child should be ill at school who else could we contact in an emergency?:**

1: Name: ..... Telephone no: ..... Relation: (e.g. grandmother)? .....

2: Name: ..... Telephone no: ..... Relation: .....

**SCHOOL FEES (*Please Sign next to your choice*).**

I undertake to pay the term fee on or before the first day of the term: .....

I undertake to pay the fee before or on the first day of each month: .....

- School fees must be reflected in our bank account by the 4th day of the month/term to ensure your child's continued acceptance in his class.
- I undertake to give the school a month's written notice before my child will leave the school. Alternatively, I will pay a full month's fee.
- I understand that November and December cancellations will not be accepted.
- If pupils arrive late in the term after a prolonged holiday, e.g. only arrives in February, parents will still be responsible for the full term fee.
- I accept that my account will be administrated by the TPN Credit Buro on behalf of Siembamba.
- Please attach certified copies of the ID document of both parents.

**SIGNED:** ..... **DATE:**       /    /