



GLEN HILL

PRIVATE SCHOOL

ADMISSION FORM

LEARNERS INFORMATION:

First Name: _____ Last Name: _____

Grade: _____ Year: _____

Name child prefers to be called: _____ Gender: _____

Child's Address: _____

Date of Birth: _____ ID number: _____

List any existing medical conditions, medication and/or special attention your child requires?

Allergies: _____

Pediatrician's Name: _____ Phone: () _____

Address: _____

Medical Aid Name: _____ Medical Aid Number _____

MOTHER/GUARDIAN INFORMATION

First Name: _____ M.I. _____ Last Name: _____

Address: _____

Cell number: _____ Home Phone: _____

Occupation: _____ Work Number: _____

Work Address: _____

Email Address: _____ ID number: _____

FATHER/GUARDIAN INFORMATION

First Name: _____ M.I. _____ Last Name: _____

Address: _____

Cell number: _____ Home Phone: _____

Occupation: _____ Work Number: _____

Work Address: _____

Email Address: _____ ID number: _____

EMERGENCY CONTACT & AUTHORISED PICK UP PERSON

Name: _____ Contact Details: _____

Address: _____ Relationship to the Child: _____

PLEASE ATTACH THE FOLLOWING TO THE ADMISSION FORM:

1. Certified copy of the child's birth certificate.
2. Certified copy of the parents/guarding IDs.
3. Copy of the child's immunization certificate.
4. Copy of the child's medical aid card.
5. Pupil's current and last two years reports.
6. Current and last two years statement of school fees.
7. Proof of residential address.

CONSENT

1. I hereby consent to my child receiving necessary medical attention in case of an emergency.
2. I hereby indemnify the school against all claims arising through accidents happening at school.
3. I hereby apply for admission of my child to "Glen Hill Private School" and I agree to pay the school fees on or before the 1st of every month, January to December.

Additional Comments and Information:

GLEN HILL PRIVATE SCHOOL RESERVES THE RIGHT OF ADMISSION

Full name and Signature of Mother _____ Date signed _____

Full name and Signature of Father _____ Date signed _____

Application accepted: _____ Date: _____