

## 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:		
	Phone: ( )	
Address:		
	Medical Aid Number	
MOTHER/GUARDIAN INFOR	MATION	
First Name:	M.I Last Name:	
Address:		
	Home Phone:	
Occupation:	Work Number:	
Work Address:		
Email Address:		

## FATHER/GUARDIAN INFORMATION

First Name:	M.I	Last Name:	
Address:			
Cell number:	Home Phone:		
Occupation:	_Work Nur	mber:	
Work Address:			
Email Address:		ID number:	
EMERGENCY CONTACT & AUT	HORISED	PICK UP PERSON	
Name:		Contact Details:	
Address:		Relationship to the Child:	
PLEASE ATTACH THE FOLLOWI	ING TO T	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			
<ol> <li>I hereby consent to my child receiving necessary medical attention in case of an emergency.</li> <li>I hereby indemnify the school against all claims arising through accidents happening at school.</li> <li>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.</li> <li>Additional Comments and Information:</li> </ol>			
GLEN HILL PRIVATE SCHOOL F	RESERVES	THE RIGHT OF ADMISSION	
Full name and Signature of Mother		Date signed	
Full name and Signature of Father		Date signed	
Application accepted:		Date:	