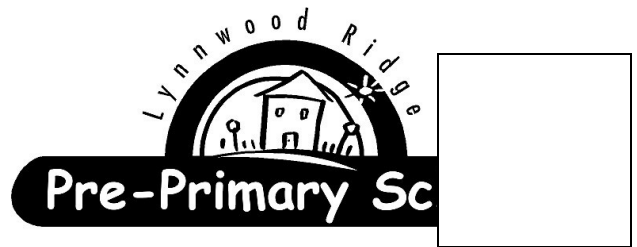


APPLICATION FORM



269 Lancia Street, Lynnwood Ridge
 P O Box 75263, Lynnwood Ridge, 0040
 Tel: (012) 361-6998
 Fax 2 Email: 0865827283
 Email : lynridgepreprimary@telkomsa.net

PUPIL DETAILS	
First Names (in full):	
Surname:	
Date of Birth:	Gender (M/F)
Position of Child (1 st /2 nd /etc):	Ages:
Have Brothers or Sisters previously attended this school:	

DETAILS OF FATHER	
Title:	Surname:
First Names (in full):	
Identity Number:	Date of Birth:
Postal Address:	Residential Address:
Tel no. Work: ()	Tel. no. Home: ()
Cell no.	Occupation:
Employer:	
E-Mail Address:	
DETAILS OF MOTHER	
Title:	Surname:
First Names (in full):	
Identity Number:	Date of Birth:
Postal Address:	Residential Address:
Tel no. Work: ()	Tel. no. Home: ()
Cell no.	Occupation:
E-Mail Address: Employer:	

(Signature)

(Date of Application)

(PLEASE INDICATE -- FULL OR HALF DAY)