

# APPLICATION FORM



269 Lancia Street, Lynnwood Ridge  
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Cell Ph: 082 435 6669  
Email : [lynridgepreprimary@telkomsa.net](mailto:lynridgepreprimary@telkomsa.net)

PUPIL DETAILS	
First Names (in full):	
Surname:	
Date of Birth:	Gender (M/F)
Position of Child (1 <sup>st</sup> /2 <sup>nd</sup> /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:
Employer:	
E-Mail Address:	

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date of Application)

## PLEASE INDICATE

Full Day      or       Half Day

The information required is collected and used for enrolment purposes. By signing the form, you consent to the intended purposes.