

APPLICATION FORM



269 Lancia Street, Lynnwood Ridge
 P O Box 75263, Lynnwood Ridge, 0040
 Tel: (012) 361-6998
 Cell Ph: 082 435 6669
 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:
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.

FINANCIAL CLEARANCE CERTIFICATE

(to be completed by previous school)

Full Names of Parent:	
Full Name of Learner:	
ID Number of Parent:	
Name of School/Playgroup where Learner is currently enrolled:	
1) Fees paid up to date: (yes/no)	
2) Amount of Fees outstanding:	
Comments:	

This is to certify that the above parent has paid school fees as indicated above. Please use a School stamp.

SIGNATURE

DATE

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