



Enrollment Form

Student Info

First names (in full)

Surname

Preferred Name

Cell Number

Gender

Ethnic Group

Date of Birth (yyyy-mm-dd)

____/____/____

Learner's identity no

Learner's religion

Learner's home language

Learner's nationality

Learner's place of birth

Learner's Educational Details

Current school

Telephone No (current school)

Year

Transportation

Means of transport to/from school: Motor Vehicle Bus Taxi Walk

Distance from home to school

Telephone number of Transporter

Learner's Medical Information

Medical aid

Medical aid number

Main member name

Is the learner on any Chronic medication? please specify

Does the learner have any allergies? please specify

Has the learner ever had any operations? please specify

Has the learner ever had any of the following diseases? (German Measles, Mumps, Measles, Diphtheria, Chicken Pox, Covid-19)

Has the learner ever been treated for any of the following? (TB, Ulcer, Asthma, Migrain, Diabetes, Tonsils, Epilipsy, Heart Disease)

Do you have siblings?

Upload a photo?

Either use father / guardian #1 or use mother / guardian #2 information

First Name

Surname

Title

Initials

Relation to Learner

ID Number

Email Address

Cell Number

WhatsApp Number

Home Number

Work Number

Home Address

Postal Address

Work Address

Postal Code
