



Personal Information Form



Child's Information	
Surname:	Age (current):
Full Names:	Home Language:
Gender: Male _____ or Female _____	Any allergies:
Date of Birth:	Cronic Illness:
ID/Passport Number:	Medication:
Study Permit:	Dexterity: Left Handed Right Handed
Birth Place:	Religion:

Has the child repeated any grade in recent years? Which grade was the child in in 2019? _____ And in 2020? _____

Parent's/Guardian's Particulars	
Person responsible for fees:	Spouse of responsible person:
Surname:	Surname:
Full Names:	Full Names:
ID/Passport Number:	ID/Passport Number:
Relation to learner:	Relation to learner:
Physical Address:	Postal Adress:
Occupation:	Occupation:
Employer's Name:	Employer's Name:
Employer's Address:	Employer's Address:
Home Tel:	Home Tel:
Work Tel:	Work Tel:
Cell:	Cell:
E-mail:	E-mail:

Next of Kin (3rd person to contact in case of emergency)
Surname:
Full names:
Relation to learner:
Home Tel:
Work Tel:
Cell:

Medical Aid Information (Very Important)
Name:
Membership no:
Number in Family:
Family Docter:
Contact No:
Adress of Docter:

I hereby certify that the information furnished by me as appearing on this document is correct and true to the best of my knowledge.

Signed: _____

Date: _____