



Contact Us:

Tel: 011 327 0083

Email: office@flemingpreprimary.co.za

Address: 5 Abercorn Avenue South,
Craighall Park, JHB

www.flemingpreprimary.co.za



ENROLMENT FORM - CONFIDENTIAL INFORMATION

Year of Enrolment: _____

CHILD'S PARTICULARS

Surname: _____

First Names: _____

Date of Birth: _____

Gender: _____

Nationality: _____

Home Language: _____

Residential Address: _____

MOTHER'S PARTICULARS

Surname: _____

First Names: _____

Title: _____

ID Number: _____

Cell Number: _____

Email Address: _____

Marital Status: _____

Occupation: _____

Current Employer: _____

Work Phone Number: _____

Residential Address (if different from child): _____

FATHER'S PARTICULARS

Surname: _____

First Names: _____

Title: _____

ID Number: _____

Cell Number: _____

Email Address: _____

Marital Status: _____

Occupation: _____

Current Employer: _____

Work Phone Number: _____

Residential Address (if different from child): _____



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Footprints that last a lifetime!

FURTHER INFORMATION

How did you find out about Fleming Pre-Primary and Early Learning Centre?

Has your child attended any other school? If so, please provide name and details

Medical Aid:

Number:

Plan:

Dependent Code:

Is your child on medication? If so, please specify:

Does your child suffer from any medical condition that we should be aware of – for the child’s sake and all the other children in our care, e.g. Tuberculosis, HIV/AIDS? If so, please specify:

Please indicate any other dietary, medical or physical condition that we should be aware of e.g. disabilities or allergies, Vegetarian, Halaal etc:

EMERGENCY CONTACTS

Family Doctor:

Contact Number:

EMERGENCY CONTACT 1

Name:

Relationship to Child:

Contact Number:

EMERGENCY CONTACT 2

Name:

Relationship to Child:

Contact Number:
