

Contact Us:

Tel: 011 327 0083

 $\textbf{Email:} \ of fice@flemingpreprimary.co.za$

Address: 5 Abercorn Avenue South, Craighall Park, JHB

www.flemingpreprimary.co.za



ENROLMENT FORM - CONFIDENTIAL INFORMATION

CHILD'S PARTICULARS Surname: First Names: 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: Email Address (if different from child): FATHER'S PARTICULARS Surname: First Names: Title: ID Number: Email Address: Marital Status: Occupation: Current Employer: Work Phone Number: Cell Number: Email Address: Marital Status: Occupation: Current Employer: Work Phone Number: Residential Address (if different from child):	Year of Enrolment:		
Date of Birth: Nationality: Residential Address: MOTHER'S PARTICULARS	СНІ	LD'S PARTICULARS	
Nationality: Residential Address: MOTHER'S PARTICULARS	Surname:	First Names:	
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:	Date of Birth:	Gender:	
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:	Nationality:	Home Language:	
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Current Employer: 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:	Cell Number:	Email Address:	
Residential Address (if different from child): FATHER'S PARTICULARS	Marital Status:	Occupation:	
FATHER'S PARTICULARS Surname: First Names: Title: ID Number: Cell Number: Email Address: Marital Status: Occupation: Current Employer: Work Phone Number:	Current Employer:	Work Phone Number:	
Surname: First Names: Title: ID Number: Cell Number: Email Address: Marital Status: Occupation: Current Employer: Work Phone Number:	Residential Address (if different from child):		
Surname: First Names: Title: ID Number: Cell Number: Email Address: Marital Status: Occupation: Current Employer: Work Phone Number:			
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Title: ID Number: Cell Number: Email Address: Marital Status: Occupation: Current Employer: Work Phone Number:	FATH	IER'S PARTICULARS	
Cell Number: Email Address: Marital Status: Occupation: Current Employer: Work Phone Number:	Surname:	First Names:	
Marital Status: Current Employer: Work Phone Number:	Title:	ID Number:	
Current Employer: Work Phone Number:	Cell Number:	Email Address:	
	Marital Status:	Occupation:	
Residential Address (if different from child):	Current Employer:	Work Phone Number:	
	Residential Address (if different from child):		





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FURTHER INFORMATION

How did you find out about Flen	ning Pre-Primary and Early Learnin	g Centre?	
Has your child attended any oth	ner school? If so, please provide na	me and details	
Medical Aid:		Number:	
Plan:		Dependent Code:	
Is your child on medication? If s	o, please specify:		
Does your child suffer from any care, e.g. Tuberculosis, HIV/All	medical condition that we should I DS? If so, please specify:	oe aware of – for the child's sake	and all the other children in our
Please indicate any other dietal Vegetarian, Halaal etc:	ry, medical or physical condition th	at we should be aware of e.g. dis	sabilities or allergies,
	EMERGENCY	CONTACTS	
Family Doctor:		Contact Number:	
	EMERGENCY	CONTACT 1	
Name:		Relationship to Child:	
Contact Number:			
	EMERGENCY	CONTACT 2	
Name:		Relationship to Child:	
Contact Number:			





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	FINAN	ICIAL INFORMATION		
Payment of fees to be:	Monthly	Termly 🗌	Annually \square	
I agree to the additional fees that amounts to my account	at may be charged annually	y, termly or ad hoc and the school reserv	es the right to add these [
		SIGNED		
Name:		Date:		
Place:		Signature:		