Randpark Christian Academy (PTY) Ltd

Registration Form 2021

Date		Starting Date Required	

Child's Details			
Child's name & Surname			
Date of Birth			
Gender		Language	
Nationality		Religion	
Physical Address			
Postal Address			
Name of previous school			

Background Details	
Does your child have any of the following:	
Vision problems Please explain	
Hearing problems Please explain	
Speech problems Please explain	
Do you have any concerns about any aspect of your child's development? Please attach all developmental reports.	
Does your child have any health problems we should be aware of? Please explain	
Has your child had any serious accidents or operations? (Explain)	
Does your child have any allergies? If so, please describe	
Is anyone in the family allergic to bees?	
Has your child ever been stung?	Reaction?
Does your child take any regular medicine?	
Any other concerns | Habits | Emotional | Physical Needs | Fears	

Please sign below: **Date:**

Mother: Father: Guardian:

Attach copy of forms please:			
Mothers ID		Account Structure	
Fathers ID		Clinic Card	
Child Birth Certificate		Immunization Form	
Indemnity Form		Medical Aid Card	

Starting date	
Class Allocation	