

Registration Form 2021

Date Starting Date Required						
Child's Details						
Child's name & Surnan	ne					
Date of Birth						
Gender				l	anguage	
Nationality					Religion	
Physical Address					<u> </u>	
Postal Address						
Name of previous scho	ool					
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.						
22 y 22 miles and a 22 and a 25 and a 2						
Does your child have any health problems we should be aware of? Please explain						
Has your child had any serious accidents or operations? (Explain)						
List other illnesses your child has had						
Dear your shild have any allowing? If an interest the same						
Does your child have any allergies? If so, please describe						
La conserva de de a familia allamais de la cara						
Is anyone in the family allergic to bees?						
Has your shild over been stung? Desstion?						
Has your child ever been stung? Reaction?						
Does your child take any regular medicine?						
Does your chilla take any regular medicine:						
Are there any foods / drinks your child should not have, and reasons why?						
Are there any loods / utiliks your child should flot flave, and reasons why!						
Any other concerns Habits Emotional Physical Needs Fears						
7.11. Cario: Concerns Fladio Emotional Frigoria Fears						
Please sign below: Date:						
			0 "			
Mother: Guardian:						n:
Attach copy of forms	please:					
Mothers ID	1 1	nt Structure		Starting date		
Fathers ID	Clinic	Card		Class Allocation	on	
Child Birth Certificate	Immu	nization Form				

Medical Aid Card

Indemnity Form