

Learner: Name & Surname	
I.D. number (birth certificate)	
Gender: Male / Female	
Address	
Population group	
Dexterity	
Tel number in case of emergency	
Home language	
Religion	
Mode of transport	
Medical conditions	
Any other children in this school	

Parents / Guardian Information:

	Father / Guardian	Mother / Guardian
Name & Surname		
I.D. number		
Home language		
Home address		
Postal address		
Telephone no.		
Email address		
Employer		
Work tel no.		
Marital status		
Religion		

Any deceased parents: _____

Next of kin Information: (not living at the same address)

Name & Surname	
I.D. number	
Home address	
Tel no.	
Email address	
Relationship to learner	

Person responsible for school fees: _____

Contact number: _____

The parents/guardian in his/her capacity as parents/guardian of the learner confirm that the Principal of the school, Deputy Principal, Educators or the representatives appointment in *loco parentis*, having all necessary authority and without limiting the generality in case of an emergency, regarding any medical treatment etc.

Signature by parent/guardian

Medical Aid Information:

Name of medical Aid		Membership no.	
Main member		Code of learner on medical card	
Doctor: Name & Surname		Doctor: Telephone no.	

The parents/guardian in his/her capacity as parents/guardian of the learner confirm that the Principal of the school, Deputy Principal, Educators or the representatives appointment in *loco parentis*, having all necessary authority and without limiting the generality in case of an emergency, regarding any medical treatment etc.

The parents/guardian of the learner accepts responsibility for payment of all medical and related costs. The parents/guardians of the learner must give written permission and directions for the administration of any medication taken during school hours.

Signed at Middelburg on this _____ day of _____ 20____.

Father / Guardian

Mother / Guardian