



Entry form

info@tjokkerland.co.za

Gerda Maree

084 689 1482

Full name and Surname :

Nickname: Sex:

Date of birth: Age:

Home language: Other languages:

Denomination: Date of admission:

Name of previous school / playgroup attended:

Full day (until 17:30): YES / NO

Half day (until 12:00): YES / NO

Number of children in family: Is child the 1st, 2nd, etc in family?

Names and ages of brothers and sisters:

.....

.....

Family doctor: Tel.no:.....

Allergies / Chronic problems:

Any problems with hearing, sight, speech, nose, ears, teeth, urinating, nervous system, feet, legs:

Name any operations your child has had, when they were, and what they were

for:

Underline illnesses your child has been immunised for: Tuberculosis (B.C.G), Diphtheria, Whooping-cough, Tetanus, Measles, German measles, Mumps, Poliomyelitis

Underline illnesses your child has already suffered from: Measles, German measles, Whooping-cough, Chicken-pox, Mumps, any other:

.....

Alternative contact person (not mom/dad):

Contact numbers:

Information of mother / guardian:

Full name and surname:

Nickname: ID number:

Home address:

Postal address:

Home tel: Cellphone:

Occupation: Employer:

Work address:

Work tel: Religious denomination:.....

Email:

Medical Aid:

Medical Aid reference number:

Marital Status: Married / Single / Divorced / Widow

Interests / hobbies:

Information of father / guardian:

Full name and surname:

Nickname: ID number:

Home address:

Postal address:

Home tel: Cellphone:

Occupation: Employer:

Work address:

Work tel: Religious denomination:

Email:

Medical Aid:

Medical Aid reference number:

Marital Status: Married / Single / Divorced / Widower

Interests / hobbies:

I, hereby confirm that the above mentioned information is correct and that I will let you know immediately if it should change.

I accept the given rules of Tjokkerland and is aware of my responsibility to pay my school fees on time.

I take note that interest may be charged for accounts not settled within 2 months or more.

I agree that I will be liable to pay any costs, should my unpaid account be handed over to the authorities.

Signature:

Date: