

	SCHOLAR	FATHER/GUARDIAN	MOTHER/GUARDIAN
SURNAME			
FIRST NAME			
MIDDLE NAME			
CITIZENSHIP			
ID NUMBER			
PASSPORT NUMBER			
TELEPHONE - CELL			
TELEPHONE - HOME			
EMERGENCY CONTACT: NUMBER			
EMERGENCY CONTACT: NAME			
PHYSICAL HOME ADDRESS: STREET			
SUBURB			
CITY			
AREA CODE			
EMAIL ADDRESS			
POSTAL ADDRESS			
OCCUPATION			
EMPLOYER NAME			
EMPLOYER ADDRESS: # AND STREET			
EMPLOYER ADDRESS: SUBURB			
EMPLOYER ADDRESS: CITY			
EMPLOYER ADDRESS: AREA CODE			
TELEPHONE - WORK			
DATE OF BIRTH		DOCUMENTS REQUIRED	
PRESENT SCHOOL		Copy of birth certificate	
PRESENT GRADE		Latest school report	
PRESENT SCHOOL EMAIL		Passport/VISA if not RSA	
PRESENT SCHOOL TELEPHONE		LIST ALL MEDICAL CONDITIONS	
NEXT YEAR SCHOOL			
NEXT YEAR GRADE			
NEXT YEAR SCHOOL EMAIL			
NEXT YEAR SCHOOL TELEPHONE			
RELIGION (OPTIONAL)		SPECIAL DIETARY REQUIREMENTS	
MEDICAL AID NAME			
MEDICAL AID NUMBER			
FAMILY DOCTOR NAME			
FAMILY DOCTOR TELEPHONE			