

Reg nr: 2016/044423/07

Address: 4 Henry Street Parkdene Boksburg 1459 Email: info@boksburgeducationalcentre.co.za

Student Enrolment				
Date of Enrolment:				
Child's De	tails			
Surname				
First name				
Date of Birth (yyyy/mm/dd)				
Home Language				
ID Number				
Age at Entry				
Allocated Class				
Child's Gender	Male	Female		
Parent's D	etails			
	Mother	Father		
Surname				
First Name				
Date of Birth				
ID Number				
Occupation				
Employer's Name				
Home Address `				



Reg nr: 2016/044423/07

Address: 4 Henry Street Parkdene Boksburg 1459 Email: info@boksburgeducationalcentre.co.za

E-MAIL Address					
Landline (Home)					
Landline (Office)					
<u> </u>					
Mobile Number					
Emergency contact - NB! Must be different to	Mother and	Father			
Name/Relationship					
Telephone number/s					
Medical Aid Details					
Scheme Name					
Plan					
Membership Number					
Principal Member					
Name of Doctor					
Security at the Academy					
Who will bring the child for classes?					
Who will collect the child after classes?					
Billing Information					
	Name				
Person responsible for payment of fees	Postal Address				
	Home Address				
	ID Number				



Reg nr: 2016/044423/07

Address: 4 Henry Street Parkdene Boksburg 1459 Email: info@boksburgeducationalcentre.co.za

	Child's I	mmunization Certif	icate	
	Child's b	irth certificate/Pas	sport	
	ID/Pass	ID/Passport document for both parents		
Documents Required	l:			
Father	Mother	S	School I	Head
Signed at(month	(plad n) 20 (year)	ce), on this day	(c	late)
I, the above signing this document.	(name),e information that I have	(ID/ supplied is true ar	Passpo	ort number), hereby ect at the time of
3				
2				
1				
Please supply three cr	edit references	Name		Telephone Number
		number		
Next of kin not living with you		Telephone		
		Address		
		Name		
		Mobile Number		
		Home Landline		
		Office Landline		



Reg nr: 2016/044423/07

Address: 4 Henry Street Parkdene Boksburg 1459 Email: info@boksburgeducationalcentre.co.za

	Proof of Residence
Things To Do:	
	Please give a signed copy of this form to the parents once it is complete
	File the original in the child's personal file