

**Boksburg Educational Centre (PTY) LTD**

Reg nr: 2016/044423/07

Address: 4 Henry Street Parkdene Boksburg 1459

Email: sunet.roets1@gmail.com

Cell: (+27) 83 235 5026

Student Enrolment**Date of Enrolment:****Child's Details**

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 Details**Mother****Father**

Surname

First Name

Date of Birth

ID Number

Occupation

Employer's Name



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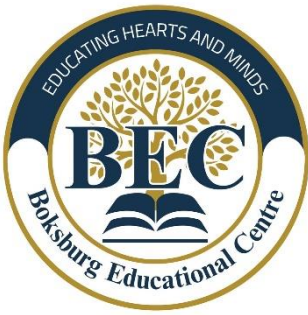
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Home Address `		
E-MAIL Address		
Landline (Home)		
Landline (Office)		

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		
Person responsible for payment of fees	Name	



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	Postal Address	
	Home Address	
	ID Number	
	Office Landline	
	Home Landline	
	Mobile Number	
Next of kin not living with you	Email Address	
	Name	
	Address	
	Telephone number	

Please supply three credit references	Name	Telephone Number
1		
2		
3		

I, _____ (name), _____ (ID/Passport number), hereby confirm the above information that I have supplied is true and correct at the time of signing this document.

Signed at _____ (place), on this day _____ (date)
 _____ (month) 20____ (year)



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Father

Mother

School Head

Documents Required:

	ID/Passport document for both parents
	Child's birth certificate/Passport
	Child's Immunization Certificate
	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