



GLENOAKS SCHOOL

Where learning is nurtured and potentials are reached.

REGISTRATION FORM

LEARNER INFORMATION

Surname: _____ Initials: _____
First Names: _____ Gender:

M	F
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Preferred Name: _____
Date of Birth: _____ / _____ / _____ Age at application (current age): _____ / _____
(Day / Month / Year) (Year / Months)

ADDITIONAL INFORMATION

Home Language: _____ Country of Origin (If Immigrant) _____
Medical Aid:

Y	N
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 Medical Aid Name: _____
Medical Aid Number: _____ Doctor's Name: _____
Doctor's Number: _____ Previous School: _____
Known Allergies / Medicine Intolerance: _____

FOR OFFICE USE ONLY

Institution: Glenoaks School Grade: _____ Class: _____ Age Group: _____
Date Admitted: _____ / _____ / _____ Date Left: _____ / _____ / _____
(Day / Month / Year) (Day / Month / Year)

PERSON RESPONSIBLE FOR SCHOOL FEES

Surname: _____ First Names: _____
Relationship to Learner: _____ I.D. Number: _____
Telephone Number: _____ Cell Phone Number: _____
Signature: _____ Date: _____ / _____ / _____

PARENTAL INFORMATION:

Primary Parent / Guardian

Secondary Parent / Guardian

Surname (If different from Learner)

First Names:

Title:

Relationship to Learner:

I.D. Number:

Date of Birth:

____ / ____ / ____
(Day / Month / Year)

____ / ____ / ____
(Day / Month / Year)

Home Address:

Postal Code: _____

Postal Code: _____

Postal Address:

Postal Code: _____

Postal Code: _____

Occupation:

Work / Business Address:

Postal Code: _____

Postal Code: _____

Telephone Number: (Home)

Telephone Number: (Work)

Cell Phone Number:

E-mail Address:

Emergency Contact Person (Please enter two):

Name:

Relationship to learner

Telephone / Cell phone Number:
