



Marching Eagles Nursery School

Creating • Learning • Playing

Enrolment Form

THE CHILD

First Names:	Surname:
Gender:	Date of Birth:
Home Address:	Home Language: English / Afrikaans / Zulu
	Other Language:
Tel Home:	Tel Other:

CHILD'S MEDICAL INFORMATION

Family Doctor:	Tel No:
Does your child suffer from any allergies?	Specify:
Any other health problems?	Specify:
Has your child been immunised against:	Polio:
	Diphtheria:
	Whooping Cough:
Did your child have any contagious diseases?	Specify:

SIBLINGS

Name:	Age:
Name:	Age:
Name:	Age:

FATHER/GUARDIAN

First Names:	Surname:
Occupation:	
Business Address:	Tel Office:
	Tel Mobile:
	Email Address:
Marital Status:	

MOTHER/GUARDIAN

First Names:	Surname:
Occupation:	
Business Address:	Tel Office:
	Tel Mobile:
	Email Address:
Marital Status:	

Who will bring your child to school? *Name/s and Contact Numbers*

Who will collect your child from school? *Name/s and Contact Numbers*

Signed Mother: Signed Father:

Copies of the following documentation received

Child's Birth Certificate:	Utility Bill like Municipality:
Child's Clinic Card:	Death Certificates where applicable:
Parent's ID Documents:	2 x ID size Photos of child