EERSTERUST CARE AND TRAINING CENTRE
(ASSOCIATION INCORPORATED UNDER SECTION 21 OF THE COMPANIES ACT,1973)
REGISTERED AS NON PROFIT ORGANISATION
003-858 NPO
PBO 18/11/13/4810
P.O.BOX 41034
EERSTERUST 0021
TEL/FAX 012-8068552
408 ORANJE AVENUE

APPLICATION FOR ADMISSION TO THE PROTECTIVE WORKSHOP

Surname_____

First names of pupil_____

Date of birth_____

Sex of pupil_____

Home Language_____

Previous illnesses_____

Has pupil been immunised against:

Tuberculosis: **YES** **NO**

Poliomyelitis: **YES** **NO**

Lockjaw/Diphtheria: **YES** **NO**

Is the child on any medication?_____

State if medicine should be administered at school_____

Name of mother_____

Name of father_____

Name of guardian_____

Home telephone number_____

Occupation of parents/guardian_____

Address at work_____

Telephone number_____

Please leave a telephone number in case of emergency_____

Number of children in family_____

Does the child receive any pension or allowance: **YES** **NO**

Pension No:_____ **Amount:**_____

I_____ **(Parent/guardian) of** _____

Promise to pay my child's school fees as determined by the Board of Trustees regularly and in advance.

_____ _____

SIGNATURE (PARENT/GUARDIAN) **DATE**