

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 A SPECIAL CARE CLASS

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