



ENROLMENT FORM

Address: 445 Ontdekkers Road, Florida Park

Tel: 011 672 1036

Cell: 083 947 7581

E-Mail: admin@daybridge.co.za

Website: www.daybridge.co.za

LEARNER'S DETAILS			
Surname:			
First Names:			
Date of Birth:		Age:	
Date of Application:		Gender:	
RSA Citizen:	Yes	No	If NO, Please specify:
Home Language:		ID Number:	
Physical Address:			
		Code:	
Postal Address:			
		Code:	
Landline:		Cellphone:	
Previous school:			

FATHER / GUARDIAN 1 DETAILS			
Full name(s):			
ID Number:			
Occupation:			
Employer Name:			
Work number:		Cellphone:	
Email:			

MOTHER / GUARDIAN 2 DETAILS			
Full name(s):			
ID Number:			
Occupation:			
Employer Name:			
Work number:		Cellphone:	
Email:			

Physical Address of Parent (chosen domicillum cittandi et executandi, if not living with the learner)			
		Code:	
Postal Address:			
		Code:	

EMERGENCY CONTACT (Other than parents)			
Full name(s):			
Relation to learner:			
Work number:		Cellphone:	

MEDICAL CONDITIONS / ALLERGIES

CHRONIC MEDICATION (Please supply Daybridge if necessary)

MEDICAL AID DETAILS	
Medical Aid Name:	
Medical Aid Number:	
Family Doctor Name:	
Doctor Contact Number:	

PAYMENT DETAILS			
Person Responsible for Account:			
Home:		Cellphone:	
Work:			
Email:			
Mode of Payment:	Monthly <input type="checkbox"/>	Method of Payment:	Cash <input type="checkbox"/>
	Per Term (5% discount) <input type="checkbox"/>		Debit Order <input type="checkbox"/>
	Annually (13% discount) <input type="checkbox"/>		EFT <input type="checkbox"/>

DECLARATION

I/We declare that the information furnished is true and complete in every respect and that I/We undertake to notify Daybridge International in writing within 7 days of any change of address or any other information supplied herein.

Signed at _____ dated this _____ day of _____ 20__

Name (Father / Guardian 1)

Signature

Name (Mother / Guardian 2)

Signature