



STUDENT ENROLMENT FORM

PLEASE FILL IN ALL FIELDS OF INFORMATION, IF NONE IS AVAILABLE, PLEASE SPECIFY. WE ALSO REQUIRE A COPY OF YOUR CHILDS ID/BIRTH CERTIFICATE/PASSPORT, COPIES OF BOTH PARENTS/LEGAL GUARDIANS ID/PASSPORT AND PROOF OF RESIDENCE NOT OLDER THAN THREE MONTHS TO COMPLETE REGISTRATION.

LEARNER'S DETAILS					
Surname:					
First Names:					
Date of Birth:				Age:	
Date of Application:				Gender:	
RSA Citizen:	Yes	No	If No, please specify:		
Population group:			Dexterity (Right/Left/Ambidextrous):		
Home Language:					
ID Number:					
Domicillium Address:					
				Code:	
Postal Address:					
				Code:	
Email:			Cell phone:		
Previous school:					

PARENT 1 / GUARDIAN 1 DETAILS

Full name(s):			
Date of birth:			
ID Number:			
Gender:			
Population group:			
Home Language:			
Occupation:			
Employer Name:			
Work number:		Cell phone:	
Email:			

Domicilium Address of Parent 1 / Guardian 1 (if different to learner)

		Code:
Postal Address:		
		Code:

PARENT 2 / GUARDIAN 2 DETAILS

Full name(s):			
Date of birth			
ID Number:			
Gender:			
Population group:			
Home Language:			
Occupation:			
Employer Name:			
Work number:		Cell phone:	
Email:			

Domicilium Address of Parent 2 / Guardian 2 (If different to learner)		
		Code: <input type="text"/>
Postal Address:		
		Code: <input type="text"/>

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

LEARNER MEDICAL CONDITIONS / ALLERGIES

LEARNER CHRONIC MEDICATION (Please supply Daybridge if necessary)

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

PAYMENT DETAILS

Full Name of Person Responsible for Account:				
Home:		Cell phone:		
Work:				
Email:				
Domicilium Address of Person responsible for account (if different to student, and parents/guardians)				
			Code:	

Mode of Payment:		Method of Payment:	
Monthly		Cash	
Per Term (5% discount)		Debit Order	
Annually (10% discount)		EFT	

DECLARATION

I/We declare that the information provided 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____

Full Name of Parent 1 / Guardian 1

Parent 1 / Guardian 1 Signature

Full Name of Parent2 / Guardian 2

Parent 2 / Guardian2 Signature

Full Name of Person Responsible for Account

Person Responsible for Account Signature