

 W.C.E.D. Reg. No. 13/1/4/H151
 NPO Reg. No. 098-457-NPO
 Emis # 0105301095

 cnr. Andrews & Nerine Roads, Hout Bay.
 P.O. Box 26178, Hout Bay, 7872.

 Phone (021) 790-1540
 Fax.: (021) 790-2601
 e-mail: valleykids@mweb.co.za
 www.valleypreprimary.co.za

APPLICATION FOR ADMISSION TO THE SCHOOL: ADHOC BASIS

PUPIL SURNAME:		PUPIL FIRST N	AME:				
SEX: NA	TIONALITY:	DATE OF BIRTH:	Day N	/lonth	Year		
CHILD'S I.D. #		HOME	ELANGUA	GE OF FAMILY:			
What school/playgroup does your child currently attend?							
Where do you intend to send your child for Grade 1 :							
Have you had othe	r children/siblings at Valley? Na	_Year	_Class				
Please state any medical condition we should be aware of, e.g. Food allergies, asthma, epilepsy etc							

How frequently would you like your child to join Valley Pre Primary School? (Daily, Once/Twice or Three times a week)

On which days?

For which period?

MARITAL STATUS OF PARENTS: Married/Living together/Divorced/Separated/Widowed/Single/Remarried

PARENT DETAILS: (All fields must please be completed for both parents). Please print.

Information required:	PARENT 1	PARENT 2
Relationship to child		
First Name of parent		
Surname of parent		
Nationality		
Home address		
Telephone number - home		
Telephone number - cellphone		
E-mail address		
Employer Name or Company Name		
Occupation		
Employer telephone number		

A R300.00 Registration Fee (non-refundable) must accompany this form. Cost: R250 per day

Banking details: FNB: Branch 204009; Swift code FIRNZAJJ; Acc. No. 5345 626 1635. Beneficiary reference: Your child's name.

* Please attach a copy of your child's Birth Certificate, I.D. or Passport to your application.

Signature: _

For office use only: Date of payment:R300 eft or cash _