

**APPLICATION FOR ENROLMENT**

Please fill in ALL ITEMS in block letters

**RETURN THIS FORM WITH A CERTIFIED/ORIGINAL COPY OF YOUR CHILD'S BIRTH CERTIFICATE, CLINIC CARD, BOTH PARENTS ID COPIES, LATEST SCHOOL REPORT AND PROOF OF INCOME.**

**INTERVIEW FEE WILL BE R100.00, PAYABLE ON THE DAY OF THE INTERVIEW.  
PARTICULARS OF PUPIL**

Surname ..... Date of Birth .....

First Names ..... Age .....

Preferred Name ..... Male/Female .....

To be admitted to Class/Kindergarten ..... From (date).....

Previous/Current School\* ..... Present Class .....

Home Language ..... Religion ..... Nationality .....

Learning/Adjustment problems .....

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General Health .....

.....

Relevant medical history.....

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Allergies .....

.....

Current medication/treatment/therapy .....

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Doctor's name ..... Tel No.....

N.B. For primary school: your child's most recent report must be attached to this application form.

**DETAILS OF BROTHERS & SISTERS**

Name	Age	Class	School...
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....

## PARTICULARS OF PARENTS

FATHER
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Surname .....  
First Name .....  
Marital status .....  
(married/divorced/separated/single)  
Home address .....  
.....  
.....  
..... Code.....  
Home Phone .....  
E-mail Address .....  
ID Number:.....  
Cellphone .....  
Postal address .....  
.....  
.....  
..... Code .....  
Occupation/Profession .....  
Business name .....  
Business address .....  
.....  
..... Code.....  
Business phone no .....  
Business fax no .....

MOTHER
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Surname .....  
First Name .....  
Marital status .....  
(married/divorced/separated/single)  
Home address .....  
.....  
.....  
..... Code.....  
Home Phone .....  
E-mail Address:.....  
ID Number: .....  
Cellphone .....  
Postal address .....  
.....  
.....  
..... Code .....  
Occupation/Profession .....  
Business name .....  
Business address .....  
.....  
..... Code.....  
Business phone no .....  
Business fax no .....

Who is responsible for the payment of school Fees (Father/Mother)? .....

**OTHER CONTACT PERSON:**

Name of contact ..... Relationship to pupil .....  
Phone no. (School hours) .....

**CORRESPONDENCE DETAILS**

Address to which accounts, correspondence and reports should be sent:  
Father / Mother / Other .....  
Home / Postal / Other .....

**AGREEMENT:**

I, the undersigned, am aware that the acceptance of a place offered to a pupil will only be valid if made on the School's Acceptance of Place" form, and that such acceptance will render me liable for a non-refundable deposit of registration fees. I give permission for Dassenberg Waldorf School to conduct a Credit Enquiry on myself as I am responsible for paying school fees and undertake to give two calendar months' notice in writing to the school before withdrawing the child from the school. I acknowledge that the information provided are accurate and true and accept the conditions of entry into the school.

Name .....  
Date .....  
Capacity/Relationship to pupil .....

Signed .....