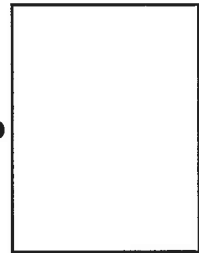




Paul Krugerlaan 274
 Universitas
 Bloemfontein
 Tel: 051 - 522 1563

APPLICATION:

I.D Photo



CLASS NAME: _____

DATE OF INTENDED ADMISSION: _____

INFORMATION FORM

1. PERSONAL DETAILS OF CHILD:			
Full name of child			
Surname			
Date of Birth			
Age			
Gender			
Citizenship			
Religion			
Current home address (in Bloemfontein)			
Home language			
Name of person the child is staying with			
Telephone number			
Cell number			
2. Mother			
Full name and Surname			
Telephone number (Home)			
Telephone number (Work)			
Cell number			
Occupation			
Full work Address			
ID Number			
Married		Divorced	Single
In Church Traditional			
Email Address			
Home Address			

3. Father			
Full name and Surname			
Telephone number (Home)			
Telephone number (Work)			
Cell number			
Occupation			
Full work address			
Id number			
Married		Divorced	Single
In church	Traditional		
Email Address			
Home Address			
4. Other Children in the Family			
Name			
Date of Birth			
Name			
Date of Birth			
Name			
Date of Birth			
5. Please tick Immunisation			
Tuberculosis (BCG)			
Diphtheria	Tetanus at 5 years		
Diphtheria	Whooping Cough	Polio	
Measels			
Tick any past illness (if any)			
Measels			
German Measels			
Mumps			
Chicken Pox			
Tuberculosis			
Whooping Cough			
Malaria			
Meningitis			
Asthma			
Epilepsy			
Bilharzia			
Jaundice			
Urinary Infections			
Rheumatic Fever			

Chronic illnesses / operations	
Current treatment / medicine	
Family History of illness	
Current Complaint	
Other relevant information	
6. General Practitioner	
Initials and Surname	
Telephone number	
Medical aid	
Medical aid number	
Person responsible for the account	
Does your child have any allergies?	
Does your child have any disability?	
7. Nearest Relatives:(We need 2 peoples names) Not at the same address as you	
Name and surname	
Telephone numbers	
Address	
Name and surname	
Telephone numbers	
Address	
8. Person responsible for picking child up for school	
Name	
Cell number	
Name	
Cell number	
9. General Information	
Has your child attended a pre-school previously?	
If yes, name of school	
School telephone number	
Why do you want to send your child to The Nest?	

NO CHILD WILL BE ALLOWED TO THE NEST WITHOUT THE FOLLOWING INFORMATION:

Copy of both Parent ID's	Clinic card	Birth Certificate	Prove of Bank details	Account for proof of address	Proof of salary
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SIGNATURE OF PARENT:

DATE:

The completion of this application is still to be approved by The Nest for acceptance.

Die voltooiing van hierdie aansoek is onderhewig aan goedkeuring vir toelating by Die Nessie.