



Stellenbosch Waldorf School

HIGH SCHOOL APPLICATION / REGISTRATION

YEAR: _____

Please fill out in full:

FULL NAMES AND SURNAME OF CHILD: _____

DATE OF BIRTH: _____ INDICATE BOY GIRL CLASS

IDENTITY No: _____ (attach child's identity document or birth certificate)

DETAILS OF PARENTS:

FATHER/ GUARDIAN:

FULL NAMES AND SURNAME: _____

IDENTITY NUMBER: _____

RESIDENTIAL ADDRESS: _____

POSTAL ADDRESS: _____

TELEPHONE (HOME) _____ CELL NUMBER: _____

WORK ADDRESS (Full name of Company): _____

TELEPHONE (WORK) _____ E-MAIL _____

MOTHER/ GUARDIAN:

FULL NAMES AND SURNAME: _____

IDENTITY NUMBER: _____

RESIDENTIAL ADDRESS: _____

POSTAL ADDRESS: _____

TELEPHONE (HOME) _____ CELL NUMBER: _____

WORK ADDRESS (Full name of Company): _____

TELEPHONE (WORK) _____ E-MAIL _____

• Should you have any queries, please contact the administrator on 021-8813867.

• I hereby give permission for the Stellenbosch Waldorf School to perform a credit check on me.

DATE: _____

(1) PARENT/ GUARDIAN SIGNATURE _____

DATE: _____

(2) PARENT/ GUARDIAN SIGNATURE _____

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