



Stellenbosch Waldorf School

PLAYGROUP / KINDERGARTEN APPLICATION/REGISTRATION YEAR:

Please fill out in full:

FULL NAMES AND SURNAME OF CHILD: _____

DATE OF BIRTH: _____ INDICATE BOY GIRL

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 _____

Please indicate whether your child is applying for: Playgroup: Kindergarten:

Should you have any queries, please contact our Administrator on tel: 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