



# Stellenbosch Waldorf School

**PRIMARY 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 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 \_\_\_\_\_