



2026 APPLICATION & ENROLMENT FORM

HALF DAY / FULL DAY

DATE OF APPLICATION: _____ DATE OF ENROLMENT REQUIRED: _____

WHERE DID YOU HEAR ABOUT DAERAAD: _____

(FOR OFFICE USE ONLY)

WAITING LIST NUMBER: _____ ACCOUNT REFERENCE NUMBER: _____

BABY/TODDLER/CHILD INFORMATION: CLASS LANGUAGE: AFR / ENG BOY / GIRL

FULL NAME: _____

PREFERRED NAME: _____

SURNAME: _____

DATE OF BIRTH: _____

IDENTITY NO: _____

NATIONALITY: _____

HOME ADDRESS: _____

LIVING WITH : MOTHER FATHER BOTH GUARDIAN

PARENT INFORMATION: FATHER / GUARDIAN MOTHER / GUARDIAN

INITIALS: _____

NAME: _____

SURNAME: _____

IDENTITY NO: _____

NATIONALITY: _____

ADDRESS: _____

HOME TEL NUMBER: _____

CELLPHONE NUMBER: _____

EMPLOYER: _____

OCCUPATION: _____

WORK NUMBER: _____

WORK ADDRESS: _____

E-MAIL ADDRESS: _____

GENERAL INFORMATION:

DOES HE/SHE HAVE A BROTHER/SISTER IN OUR SCHOOL? IF SO, WHICH CLASS AND WHAT IS HIS/HER NAME:

HOME LANGUAGE: _____ SECOND LANGUAGE: _____

(SIGNATURE)

RELIGION: _____

WHO WILL FETCH YOUR BABY/TODDLER/CHILD FROM SCHOOL/AFTERCARE? (PLEASE LIST)

1. NAME: _____ NUMBER: _____ RELATIONSHIP: _____
2. NAME: _____ NUMBER: _____ RELATIONSHIP: _____
3. NAME: _____ NUMBER: _____ RELATIONSHIP: _____
4. NAME: _____ NUMBER: _____ RELATIONSHIP: _____

HAVE YOUR CHILD BEEN IN A PRE-PRIMARY SCHOOL OR CRÈCHE BEFORE? IF YES, WHERE AND WHEN: _____

WHO WILL BE PAYING THE SCHOOL FEES: (NAME & NUMBER) _____

MEDICAL INFORMATION:

DOES YOUR BABY/TODDLER/CHILD HAVE ANY ALLERGIES? _____ IF ANY, PLEASE SPECIFY: _____

ANY OTHER MEDICAL CONDITIONS: _____

MEDICAL AID: NAME & PLAN: _____ MEDICAL AID MEMBER NO: _____

DOCTOR & CONTACT NO: _____

BLOOD GROUP: _____

WE WILL ALWAYS CONTACT YOU FIRST TO GET PERMISSION BEFORE GIVING ANY MEDICATION FOR FEVER,
BUT WE NEED YOUR CONSENT TO GIVE MEDICATION INCASE OF AN EMERGENCY AND WE CANT REACH YOU:

THE FOLLOWING DOCUMENTATION MUST ACCOMPANY THE ENROLMENT FORM:

- COPY OF BOTH PARENTS/GUARDIAN'S ID DOCUMENTS
- COPY OF BABY/TODDLER/CHILD'S BIRTH CERTIFICATE
- COPY OF BABY/TODDLER/CHILD'S CLINIC CARD
- PROOF OF SCHOOL FEE RECORD FROM PREVIOUS SCHOOL

* Please note: No copies required for Re-Enrolments.

Signature

Date