



OFFICE USE ONLY	
LEARNERS NAME	
ENROLMENT DATE	
GROUP / CLASS	

APPLICATION FORM – 2024

Section A – Parent information				
	FATHER / GUARDIAN		MOTHER / GUARDIAN	
SURNAME				
FIRST NAME				
INITIALS				
TITLE				
PHONE (home)				
PHONE (work)				
PHONE (mobile)				
EMAIL ADDRESS	Work:		Work:	
	Home:		Home:	
I.D Number				
Nationality				
Occupation				
Residential Address (Proof of address required)	Code:_____		Code:_____	
Postal Address	Code:_____		Code:_____	
Addressee	Father	Mother	Both	
Learner lives with	Both Parents	Father	Mother	Guardian
Marital Status	Married	Single	Divorced	Separated
Who is responsible for payment of school fees? (Proof of employment required)				
Section B – Learner information				
SURNAME				
FIRST NAMES				
PREFERRED NAME				
INITIALS				
GENDER				
DATE OF BIRTH				
HOME LANGUAGE				
RACE				
RELIGION				
PREVIOUS SCHOOL				

SIBLINGS AT APNS	1. _____ Year: _____	2. _____ Year: _____
Section C – Medical Details		
Is your child taking any chronic medication? Please specify:		
Does your child suffer from any	Physical disabilities	Allergies
Chronic Illness		
Please specify:		
Family Dr/Paed		
Tel No.		
Address		
Medical Aid Scheme		
Medical Aid No.		
Contact No. for authorisation	Authorisation for emergency action?	Yes No
Does your child need any special or exceptional attention insofar as the caretaking is concerned?		

Section D - NAMES OF NEXT OF KIN (2 contacts required in case of emergencies)		
<u>Contact 1</u>		<u>Contact 2</u>
Name: _____	Name: _____	
Relationship to child: _____	Relationship to child: _____	
Address: _____	Address: _____	
_____	_____	
Mobile No.: _____	Mobile No.: _____	
Other No.: _____	Other No.: _____	

Kindly complete the application form & email to aucklandparknursery@gmail.com
All forms and documents must be returned to the school office at least 48 hours prior to the learner's enrolment date. Applications may follow with a Parent-School Agreement. Learner to only start after the welcome letter of acceptance has been received.

THIS APPLICATION MUST BE ACCOMPANIED BY COPIES OF:

ALL DOCUMENTS ARE REQUIRED FOR A SUCCESSFUL APPLICATION PROCESS		OFFICIAL USE
1	Certified copy of UNABRIDGED Birth Certificate of child	
2	Copy of updated Vaccination Chart/Card – All vaccines to be up to date	
3	Copy of Medical Certificate (Any medical letters regarding a condition)	
4	Copy of Medical Aid Card	
5	Proof of Residence	
6	Copy of Both Parent's ID Documents	
7	Proof of employment of person responsible for account (pay slip/letter from HR)	
8	Proof of administration / enrolment fee	
9	Parent Agreement Contract (successful applications)	

BANKING DETAILS

Account Name: Auckland Park Nursery School

Bank: FNB

Branch Code: 252 355

Account Number: 6300 416 1856

Reference: Learner's full name & Surname

Please reference correctly so that payments are allocated to your account