Birnel College

Enrolment Form

Previous School	
Registration Fee	R1000
Date starting:	
Class:	Grade

Personal Information

Child
Child's name in full: _____
Date of Birth: _____
Age: _____
Address (if different from parents):
_____
_____

Father

Name in full: _____
ID Number: _____

Home address:
_____
_____
Postal address (if different from home):
_____
_____

Tel: _____ Cell: _____
WorkTel: _____ Email address: _____
Employer: _____ Occupation: _____

Mother

Name in full: _____
ID Number: _____

Home address:
_____
_____

Postal address (if different from home):
_____
_____

Tel: _____ Cell: _____
Work Tel: _____ Email address: _____
Employer: _____ Occupation: _____

Additional people authorised to collect child:

Name:	
I.D.:	
Relationship:	
Telephone No:	
Name:	
I.D.:	
Relationship:	
Telephone No:	

Please attach copies of the following documents to the enrolment form:

1) Medical Aid Card
2) Main Members ID
3) Child's Vaccination Certificate
4) Child's Birth Certificate
5) Proof Of Residence (W & L Account)
6) Current School Progress Report

SOWING SEEDS OF EXCELLENCE

Birnel College

Emergency Details

(Please fill in the following information accurately in the event of an emergency, this vital information will save time)

Child's Name: _____

Are there any medical conditions, allergies etc which should be brought to our attention or that of the doctor:

_____

_____

Medical Aid Details:
Scheme: _____
Number: _____
Main Member: _____
Name of Plan: _____
Your Family Physician: _____
Phone Number Rooms: _____
Other (Specialist): _____
Phone Number Rooms: _____

Signature Father / Guardian: _____

Signature Mother / Guardian: _____

Family / Friends phone Numbers (At least two).

Name		Home	
Relationship		Cell	
Name		Home	
Relationship		Cell	

In the event of an emergency, I instruct Birnel College to:

_____

_____

_____

SOWING SEEDS OF EXCELLENCE