

Enq. Khoza HNS  
0829352502  
0662382296



Stand No. 1122 Sand River Trust  
P O Box 1698, Hazyview, 1242  
Mpumalanga

2024

**Child's Full Name and Surname:** Snakekelo NKosi  
**Date of Birth:** 2021-08-31  
**ID Number:** 2108316183085  
**Home language:** Siswati  
**Gender:** MALE

**Parent, Guardian or Caregiver Name:** NELLY MLIMO  
**Parent/guardian/caregiver ID:** 8209190420082  
**Telephone number:** 076 773 4131  
**Place of work:** SELF EMPLOYE  
**Home Address:** ELEPHANT  
**Income per month:** N/A

**Parent, Guardian or Caregiver Name:** SANKELISIWE NKOSI  
**Parent/guardian/caregiver ID:** 9706190433089  
**Telephone number:** 072 778 5288  
**Home Address:** ELEPHANT  
**Place of work:** SHOPRITE  
**Income per month:**

**Number of dependants under 18 years:** 1  
**Emergency number:** 076 644 8730  
**Name and phone number of child's regular doctor or clinic:**  
**Medical issues:**

**Allergies:**

- This form must be returned with the
- Copy of Child's clinic card/health card,
  - Copy of child's birth certificate,
  - Parent/guardian/caregiver copy of ID
  - A pay card or salary slip or copy of child support grant for parents, guardian or caregiver

I agree to pay the school fees of \_\_\_\_\_ per month and to follow the rules and regulations of the centre.

Signed: LIN NKOSI

Date: 02-08-2024

**FOR OFFICE USE ONLY:**

Date received: \_\_\_\_\_ Date & Time of Interview: \_\_\_\_\_  
All forms received: \_\_\_\_\_ Date accepted: \_\_\_\_\_