

Enq. Khoza HNS
0829352502
0662382296



Stand No. 1122 Sand River Trust
P O Box 1698, Hazvview, 1242
Moumalanga

ADMISSION FORM: 2024/2025

Child's Full Name and Surname: LISA MINKIE MAILA
Date of Birth: 2024 - 06 - 21
ID Number: 240621120081
Home language: SISWATI
Gender: FEMALE

Mother, Guardian or Caregiver Name
Parent/guardian/caregiver ID: 9403230759083
Telephone number: 064 6773623
Place of work: TRANQUIL NEST LODGE
Home Address: Sandriver
Income per month: R.3500.00

Father, Guardian or Caregiver Name
Parent/guardian/caregiver ID: 8610205337080
Telephone number: 076 6347626
Home Address: _____
Place of work: _____
Income per month: R.4200.00
Number of dependants under 18 years: 4
Emergency number/s: _____
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 proof of income or copy of child support grant for parents or bank statement where SASA is paid to.

I agree to pay the school fees of _____ per month and to follow the rules and regulations of the creche/centre.
Signed: _____ Date: _____

FOR OFFICE USE ONLY:
Date received: _____ Date & Time of Interview: _____
All forms received by: _____ Date accepted: _____
Attending from: _____ Assigned class: _____



REPUBLIC OF SOUTH AFRICA
NATIONAL IDENTITY CARD

Surname:
FAKUDE
Names:
DESIREE LERATO
Sex:
F
Nationality:
RSA
Identity Number:
9403230759083
Date of Birth:
23 MAR 1994
Country of Birth:
RSA
Status:
CITIZEN



Signature:

ID