

PEAKVIEW PRE-PRIMARY SCHOOL

45 Main Road
Mowbray 7700
Tel: 021 685 6834
Fax: 086 662 6834
e-mail:peakviewpps@gmail.com

Application Form

Date of application: Date of desired enrolment:.....

Name of child: Date of birth:

Address:

Name of Father:

I.D Number : Occupation:.....

Address.....

Home phone no:..... Cell phone no:.....

Place of business or employment: Business phone no:.....

Name of Mother:

I.D. Number: Occupation:

Address:.....

Home phone no:..... Cell phone no:.....

Place of business or employment: Business phone no:.....

e-mail address:.....

Church affiliation:

Ages of brothers and sisters:

Does the child have any allergies/physical problems?

Are there any family tendencies or weaknesses? (e.g. eye-sight, hearing, chest/heart conditions, learning problems)

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I/we have read and accept the Constitution of Peakview Pre-Primary School

Signed: Date: