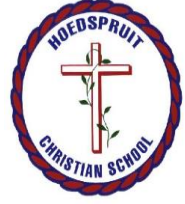




www.onement.co.za
015-793-2067
hoedspruitcs@onement.co.za



APPLICATION FORM

HOEDSPRUIT CHRISTIAN SCHOOL			
FAMILY INFORMATION			
Surname:			
Student Name/s:			
STUDENT DETAILS			
Grade Applied For:		Year of Application:	
ID Number:			
Date of Birth:			
Gender:		Race:	
Home Language:		Left or Right Handed?	
Name of Previous School:			
FATHER / MALE GUARDIAN'S DETAILS			
Surname:		Name:	
ID Number:		Home Number:	
Occupation:		Work Number:	
Email:		Cell Number:	
MOTHER / FEMALE GUARDIAN'S DETAILS			
Surname:		Name:	
ID Number:		Home Number:	
Occupation:		Work Number:	
Email:		Cell Number:	

HOEDSPRUIT CHRISTIAN SCHOOL					
SIBLINGS DETAILS					
Name:		Age:		Student at HCS?	
Name:		Age:		Student at HCS?	
Name:		Age:		Student at HCS?	
ADDRESS					
Physical Address:					
				Code:	
Postal Address:					
				Code:	
MEDICAL INFORMATION					
Family Doctor:				Contact Number:	
Medical Aid Scheme:					
Membership Number:					
If parents cannot be reached please provide the details of another contact person:					
Name:		Number:		Relation:	
Allergies:					
Any other important information?					

In the event that I cannot be reached, I hereby give permission for my child to receive emergency care or treatment. I will be responsible for the payment of such treatment.

I hereby declare that to the best of my knowledge, the above information as supplied is accurate and correct.

Father/Guardian Name

Mother/Guardian Name

Father/Guardian Signature

Mother/Guardian Signature

Date

NB: PLEASE SUPPLY US WITH A COPY OF THE BIRTH CERTIFICATE AND IMMUNIZATION CARD