

Little Levi Preschool Application Form

The following documents to accompany this application

- A copy of applicants Birth Certificate
- A copy of both Parents/Guardians' Identity Documents

Year of Entry		Age			of Entry				
		•		•		'			
		Pa	articulars	of Learn	ner				
Surname		Religio		Religion	n l				
Name				Current A	Age				
ID Number		Reside		Resides v	vith	Parents	Guardian		
Date of Birth				Gender		Male	Female		
Nationality		Current School							
Home Language				Number of Children in Family		1			
Ethnicity:	Asian	African	Cole	oured	White	Indian	Other		
Sibling in our school		Yes			No				
Indicate Care Required		Half Day			Full Day				
Position of child in family									
Family Information									
1st Parent/ Guardian									
Parent Details (Person responsible for acco			ount)	nt) 2nd Parent/ Guardian					
Name									
Surname									
Title									
ID number									
Relationship to Child									
Marital Status									
Nationality									
Occupation									
Employer									
Tel. W									
Tel. H									
Cell									
Email									
Residential Address									
Child Lives with									

		Em	ergency Contact			
Particulars		Next of Kin		Friend		
Name and Surname					_	
Relationship						
Physical Address						
Tel. W						
Cell No	1					
1. 2. 3. 4. 5.	I/we the undersigned Little Levi Preschool. I/we the undersigned on guarantee place of the undersigned accurate. I/we undertake to sign time to time.	understand that f the applicant. hereby certify the and abide by a	acceptance of this ap at the information pr all the policies and p	on of my/our child as a pupil of oplication and supporting documents does ovided in this application is complete an orocedures of the school as updated from arance performed by Little Levi Preschool ur child's previous school and the Credi	d n	
Signa	tures:					
1st Parent/ Guardian (Person responsible for account)		Signature:	Date:			
2nd Parent/ Guardian		Signature:	Date:			