



APPLICATION FOR ENROLMENT FORM

All children applying for a place will be subject to an assessment.

Current school fees are \$.....per child, per term Non-refundable Enrolment fee \$.....

\$.....application fee (non-refundable)

Please attach:

- Certified copy of child's birth certificate
• Copy of child's previous two school reports
• One current passport size photo of the child

This form to be returned to the school office no later than:

A. PUPIL DETAILS

Surname: First name(s)..... Date of Birth.....

Birth Certificate no..... Gender:..... Form applied for Date of entry:

Race: African/Asian/Coloured/European..... Name of previous school:.....

B. MEDICAL INFORMATION

Name of Family Doctor:..... Telephone No:..... Medical Aid Society:

Any allergies or medical problems:.....

Medical Aid No..... Suffix No:.....

C. FAMILY DETAILS

Marital Status of mother and father:

Married/Divorced/Remarried/Separated/Widowed/Single/Engaged/Other

(specify):.....

Home Language:.....

Religion:.....

Which place of worship do you attend?

Name of Religious Leader:.....

Address:.....

Is either parent in full-time Christian work? Yes/No

If 'Yes', please give details:.....

D. HOME DETAILS

Home Address:

Home Telephone:..... Cell.....

E-mail

E. FATHER'S DETAILS

Surname..... Forename/s:.....

Nationality:.....

Home Address, if different to D:.....

Occupation:..... Company Name:.....

Business Address:.....

Business Telephone No(s)..... Cell:

E-mail:.....

F. MOTHER'S DETAILS

Surname..... Forenames:

Nationality:.....

Home address, if different to D:.....

Occupation..... Company Name.....

Business Address:

Business telephone No(s)..... Cell: Email:



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G. INVOICING DETAILS

Name of person who is responsible for payment of school fees

Surname:.....Initials.....Title: Mr/Mrs/Miss/Ms/Rev/Doc

Postal Address:.....Personal Email:

H. LEGAL GUARDIAN (If applicable)

Surname:.....Forename/s:.....

Title:.....

Nationality:.....Home Address, if different to D:.....

Occupation:.....Company Name:.....

Business Address:.....Bus Telephone No(s):.....

Cell.....Email:.....

I. EMERGENCY CONTACTS

(Must be people who are willing and able to come within a short time, to collect and care for child, if school has been unable to contact mother or father)

Contact #1

Name:.....

Home Telephone no.....Bus Telephone no.....Cell:.....

Relationship to family:.....

Contact #2

Name:.....

Home Telephone no.....Bus Telephone no.....Cell:.....

Relationship to family:.....

I would like my child to attend SEATTLE ELITE SCHOOL for the following reasons:

1. 2.

3.

I confirm that the above information is true and correct:.....

Name of parent/guardian

Signature of parent/guardian

Date

SEATTLE ELITE School admits students of any race, color, national and ethnic origin, to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color,national and ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, and athletic and other school-administered programs.