



APPLICATION FOR ADMISSION - 2027

DETAILS OF LEARNER				
Surname:		Name:		
Nickname:		Sex:		
Language of instruction:	Home Language:	Date of birth:		
Any allergies:		Mark illness(es) learner had/still have		
		Measles	Chicken Pox	Mumps
		Whooping cough	German measles	HIV positive
				Tuberculosis
				Hepatitis B
Are there any physical defect or chronological sickness which we should take note of?				
Are there any emotional, physical or psychological conditions that we should know?				
In case of an emergency, to which hospital must we take your child?				
Do you belong to a medical scheme?		Yes	No	
Name of medical scheme:				
Medical aid number:				
General Practitioner:		General Practitioner number:		
Who should we contact in an emergency?				
Name and surname:		Tel. number:		
Who will be fetching the child from school?				
Name:		Number:		

Tel/ Fax: 021 886 8557 / E-mail: akkerdoppiesstb@gmail.com / Web: www.akkerdoppies.co.za

Physical address: 1 Dr. Malan Street Stellenbosch / Postal Address: 24 Thibault Street Stellenbosch 7600

Bank Details: Akkerdoppies Pre-Primary NPO, Nedbank, Code: 149 821, ACC: 149 811 6337, Ref.: Name

Registration no: 2006/001307/08 – NPO: 050-213 – SARS Exemption PBO number 930022298

PARENTS DETAILS		
	MOTHER	FATHER
Surname:		
Name:		
Mother tongue:		
Occupation:		
Residential address:		
Postal address:		
E-mail address:		
Home Phone number:		
Work Phone number:		
Cell Phone number:		

Payment method:	EFT		Cash		Bank deposit	
If your combined income is less than R6 000, you can apply for a bursary.						
Are you going to apply for a bursary?			Yes		No	
Starting date:						

* Please attach your child's birth certificate to the application.

Indemnity and consent:

1. I give permission for my child to go on excursions arranged by Akkerdoppies staff. The staff of Akkerdoppies will not be held responsible for injuries or accidents that might happen to my child.
2. I give permission for my child to climb and play on the playground equipment of Akkerdoppies. Akkerdoppies and its employees cannot be held responsible or liable for any injuries, illnesses or damages of any nature, whether by negligence of the staff or not.
3. I give permission for my child to be examined by a medical practitioner from time to time.

SIGNATURE OF MOTHER

DATE

SIGNATURE OF FATHER

DATE