

**APPLICATION FORM – AFTERCARE
PLEASE COMPLETE ON ADMISSION**

	INFORMATION OF:	COMPLETE
Learner	Surname	
	Name	
	Date of Birth	
	Grade	
	Address	
Indicate	Full Day R300 X 11months	
	Half day R240 X 11months	
	Daycare R30 p/d	
Payment	Debit Order	
	Cash	
Information Father	Name and Surname	
	Address	
	Tel. Home Tel. Work Cell	
Information Mother	Name en Surname	
	Address	
	Tel. Home Tel. Work Cell	
Person responsible for account	Relationship	
	Name and Surname	
Signature		
Date		