


For: New Learners Vir: Nuwe Leerders	FAMILY AND LEARNER INFORMATION FORM FAMILIE EN LEERDER INLINGSVORM	Year Jaar	20
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OFFICE USE ONLY **SLEGS VIR KANTOORGEBRUIK**

Application Aansoek	Accepted Aanvaar <input type="checkbox"/>	Denied Afgekeur <input type="checkbox"/>	Date Datum <input type="text"/>	ASC Informed Parents NSS het Ouers ingelig. <input type="checkbox"/>	Phoned / SMS Gebel / SMS <input type="checkbox"/>	Date / Datum <input type="text"/>
 ASC After School Centre Laerskool Kenridge Primary Naskool Sentrum Tel : (021) 976 - 4048 SMS only : 076 714 0715 e-mail: ascadmin@kenridge.org.za e-mail: mike.devilliers@kenridge.org.za NSS	Learner Leerder			Surname & Name / Van & Naam		
	ID number <input type="text"/>			Date of birth / Geboortedatum <input type="text"/>		
	ID nommer <input type="text"/>			English <input type="checkbox"/>		
	Afrikaans <input type="checkbox"/>			School term Days 5 <input type="checkbox"/>		
			Boy / Seun <input type="checkbox"/>			
			Girl / Meisie <input type="checkbox"/>			
			School term Days 5 <input type="checkbox"/>			
			Skoolkwartaal Dae 3 <input type="checkbox"/>			
			Grade / Graad <input type="text"/>			
			KPS - Teacher <input type="text"/>			

Child Information - Important	1.1	Kind se Inligting - Belangrik
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School term Attendance Skoolkwartaal Bywoning	3 days / dae	→ (Please indicate on which days your child will be atte → (Merk asseblief watter dae u kind sal bywoon)	Emergency Noodgeval	
<input checked="" type="checkbox"/>	Monday Maandag	<input type="checkbox"/>	Tuesday Dinsdag	<input type="checkbox"/>
	<input type="checkbox"/>	Wednesday Woensdag	<input type="checkbox"/>	Thursday Donderdag
	<input type="checkbox"/>	<input type="checkbox"/>	Friday Vrydag	<input type="checkbox"/>
Allergies (Medicinal, Food and Other) / Chronic Illness or Problems - Food allergies must be indicated Allergieë (Medisyne, Kos en Ander) / Kroniese Siekte of Probleme - Kos-allergieë moet aangedui word			ADD, ADHD - Indicate please. AAS, AAHS - Dui aan asseblief.	

Father's Information	1.2	Vader se Inligting
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Title Titel <input type="text"/>	Name Naam <input type="text"/>	Occupation Beroep <input type="text"/>
ID number ID nommer <input type="text"/>	e-mail e-pos <input type="text"/>	
Tel (H) <input type="text"/>	Tel (W) <input type="text"/>	Cell phone Selfoon <input type="text"/>
Home Address Huisadres <input type="text"/>		Code Kode <input type="text"/>

Mother's Information	1.3	Moeder se Inligting
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Title Titel <input type="text"/>	Name Naam <input type="text"/>	Occupation Beroep <input type="text"/>
ID number ID nommer <input type="text"/>	e-mail e-pos <input type="text"/>	
Tel (H) <input type="text"/>	Tel (W) <input type="text"/>	Cell phone Selfoon <input type="text"/>
Home Address Huisadres <input type="text"/>		Code Kode <input type="text"/>

Person/Persons who may collect/sign out Learner from the After School Centre	1.4	Persoon/Persone wat Leerder mag aphaal/uitteken by die Naskool Sentrum
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Please name other people who will fetch your child /ten . Only siblings aged 16 and older may collect learners. You are still required to inform us if anyone other than yourself will be fetching your child.	Noem asseblief ander mense wat u kind sal aphaal . Slegs broers en susters 16 en ouer mag u kind aphaal. U moet ons slegs in kennis stel indien iemand anders behalwe u u kind aphaal.
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Name / Naam	Contact Number / Kontaknommer	Relationship / Verbintenis
1		
2		
3		
4		

Marital status		1.5		Huwelikstatus	
Parents are:	Married <input type="checkbox"/>	Separated <input type="checkbox"/>	Divorced <input type="checkbox"/>	Single <input type="checkbox"/>	Widowed <input type="checkbox"/>
Ouers is:	Getroud <input type="checkbox"/>	Woon apart <input type="checkbox"/>	Geskei <input type="checkbox"/>	Enkel <input type="checkbox"/>	Weduwee/Wewenaar <input type="checkbox"/>
Doctor Dokter	<input type="text"/>		Telephone number Telefoon nommer	<input type="text"/>	
Name of Medical Fund & number. Naam van Mediese fonds & nommer.		<input type="text"/>			
Siblings applied for/at After School Centre		1.6		Broers of susters ingeskryf/reeds in Naskool Sentrum	
Name Naam	<input type="text"/>	Grade Graad	<input type="text"/>	Name Naam	<input type="text"/>
Confidential Information		1.7		Vertroulike Inligting	
Is there any other confidential information we need to know of? (ex. Adoption, Special needs etc.)					
Is daar enige ander vertroulike inligting waarvan ons bewus moet wees? (bv. Aanneming, Spesiale behoeftes ens.)					
<input type="text"/>					
<input type="text"/>					
<input type="text"/>					
Please Mark Your Choice		1.8		Merk u Keuse Asseblief	
Holiday Club Vakansieklub	<input type="checkbox"/>	→ (You will receive a Holiday Booking notice for each holiday; Please phone the office if you do not receive one)			
	<input type="checkbox"/>	→ (U sal 'n Vakansiebesprekingsbrief ontvang vir elke vakansie; Bel asseblief die kantoor indien u nie een ontvang nie)			
Father or Mother to Sign		1.9		Vader of Moeder moet Teken	
I Ek	(Father or Mother) (Vader of Moeder)	of van	(Child) (Kind)	<input type="text"/>	
hereby acknowledge reading the rules and policies accompanying this application and will abide by the contents thereof.					
bevestig hiermee dat ek die aangehegte reëls en beleid gelees het en my daaraan sal onderwerp.					
Date Datum	Father or Mother (sign) Vader of Moeder (teken)				
Office use only					
Captured on ASC System					
Finance dept. input					
Captured on ASC register/classlists					
Original app. On child's file					
<input type="text"/>					