

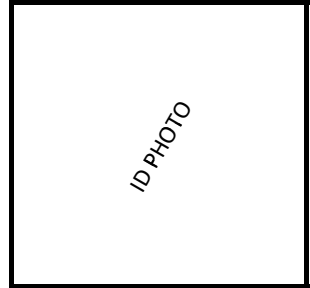
# PANDA PRE-PRIMARY SCHOOL

Tel: 013 007 1330  
Fax: 086 652 6052

Application for admission

P.O Box 194, Hazyview 1242  
E-mail: [hazyviewpanda@gmail.com](mailto:hazyviewpanda@gmail.com)  
Website: [www.hazyviewprimary.co.za](http://www.hazyviewprimary.co.za)

# 2024



## SCHOLAR INFORMATION

Scripture is taught in all classes. No exception is made to the rule. All pupils are required to attend Scripture lessons.

Date of application:

Full names:

Preffered name:

Surname:

Birth date:  ID number:

Class to be entered:  Gender:

Current school:

Religion:

Other children attending THIS school: YES  NO

if YES, please specify:

## MEDICAL INFORMATION

Name of aid:  Member number:

General practioner:  Tel:

## PARENT / GUARDIAN INFORMATION

1. Father/ Guardian	2. Mother/ Guardian
Name: <input type="text"/>	Name: <input type="text"/>
Surname: <input type="text"/>	Surname: <input type="text"/>
Occupation: <input type="text"/>	Occupation: <input type="text"/>
Cell phone: <input type="text"/>	Cell phone: <input type="text"/>
Emergency No: <input type="text"/>	Emergency No: <input type="text"/>
Home No. <input type="text"/>	Home No: <input type="text"/>
E-mail: <input type="text"/>	E-mail: <input type="text"/>

Person responsible for school account: Parent 1  Learner resides with: Parent 1

Parent 2  Parent 2

- I hereby undertake to PAY ALL FEES IN ADVANCE upon receipt of a statement, before the 3rd of every month. (R50.00 late payment will apply to payments received after the 3rd)
- I have read and understood the conditions of admission to the school and hereby certify that the above information is correct.
- Should you wish to take your child out of the school, one (1) calendar month's written notice is required and you will be held liable for that month's school fees.

Signature parent/ guardian: \_\_\_\_\_ Date: \_\_\_\_\_