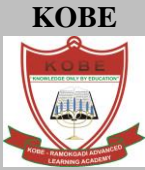


For Administrative Use Only	Pupil Number:	
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FINAL



APPLICATION – ENROLMENT FORM

Application Fee @ E200 & E300 Registration Fee

(Please print legibly (in ink) to ensure that your details are captured correctly)

1. PERSONAL DETAILS *Tick* & complete as relevant

A: CHILD

Year of entry	20	Grade		Race		
Surname				Names		
Name by which child is known					Place of birth	
Boy		Girl		Date of Birth	Year	Month Day
Identity /Pin No:				Nationality:		
Name of present school:						
Type of School		Primary School		High School		
Present Grade:			Town			
Home Language/s:						
Religion;			Ethnic Group			Study Permit No: If applicable
Name of siblings/ other family members at Kobe						
Name	Grade	Brother	Sister	Cousin	Present Pupil	Past Pupil

B: TRANSPORT : Please tick () box of relevant Area needed

Own Transport		Sidvwashini		<i>Areas covered by our school buses in the morning and afternoon.</i>
Oshoek		Mbangweni		
Motshane		Thembelihle		
Nkoyoyo		Eveni		
Palace		Town – Galp Filing Station		
Makholokholo		Corner Plaza		
Manzini City Centre		Ngwane Park		<i>Areas covered by our school buses in the morning and afternoon.</i>
Coates Valley		Matsapha - Mobeni		
Extension 6		Eteni		
Madonsa Township		Uniswa		
Fair View		Mahhala		
Nazarene				

C: PARENTS/ GUARDIANS : <i>Tick</i> & complete as relevant									
Father		Guardian			Mother		Guardian		
Marital Status		Title			Marital Status		Title		
Surname					Surname				
First Names					First Names				
ID Number					ID Number				
Postal Address					Postal Address				
Residential Address					Residential Address				
Occupation					Occupation				
Company Name					Company Name				
Type of Business					Type of Business				
Business Address					Business Address				
Cell. Number					Cell. Number				
Tel. No. Home					Tel. No. Home				
Tel. No. Work					Tel. No. Work				
E-mail					E-mail				
May we send email correspondence to this address?					May we send email correspondence to this address?				
Name of person responsible for fees									
Parents' marital status: Tick () relevant boxes									
Married		Divorced (stays with mother)		Divorced (stays with father)		Widow		Widower	
Both parents deceased									
State the name of the child's legal guardian									
Relationship with pupil									

D. EMERGENCY CONTACT				
<i>Not Parents/Guardians (in case parents cannot be contacted in an emergency please list person to contacted e.g Friend, Uncle, Grandmother etc)</i>				
Name	Relationship to Pupil	Cell phone No.	Telephone No.	Marital Status
2. MEDICAL DETAILS OF YOUR CHILD				
A. PERSONAL DETAILS				
Is your child covered by Medical Aid?			YES	NO
Name of Medical Aid			Main Member's Name	
Membership Number			Type of Fund	
Child's Regular Doctor	Name:		Doctors Telephone No.	

Tick relevant boxes of special health circumstances affecting your child.	Epilepsy		Hard of Hearing	
	Physically Disabled		Allergies	
Give details of any allergy affecting your child.				
Indicate briefly any illness, operation or injury your child has experienced.	Date	Operation /illness/Injury		

B. MEDICAL CONSENT			
<p>In a critical situation, it may be necessary to utilise the emergency medical aid service available, as there may not be time to access your child's records. Kobe reserves the right to allow your child to be treated by the quickest medical service available.</p> <p>I, _____ being the parent / legal guardian of _____ hereby agree that the appointed Kobe- Ramokgadi Advanced Learning Academy practitioner may carry out emergency treatment as may be necessary.</p> <p>Signature of Parent/ Legal Guardian: _____</p>			

3. SCHOLASTIC DETAILS OF YOUR CHILD									
A. EDUCATION									
Present School									
Principal's Name					Telephone No.				
Dates of Attendance	From	Year	Month	Day	Until	Year	Month	Day	
Present Grade			Language of Instruction						
Has your child ever been expelled or refused admission at a school?						Yes		No	
Give details									
Has your child repeated a class or grade?						Yes		No	
If so, please give details									
Tick () relevant boxes of remedial circumstance affecting your child	Reading Difficulties				Numeric Difficulties				
	Language Difficulties				ADD				
	ADHD								
B. EXTRA MURAL									
Indicate any sporting or cultural activity your child might take part :									

4. CHOICE OF SCHOOLS									
Do you, or have you had, connections with the Independent School system?						Yes		No	
If so, please give details.									
How did you hear about Kobe?									
Why have you selected Kobe for your child's education?									