



# Fleming

Pre-primary Centre

5 Abercorn Avenue South, Craighall Park, 2196  
flemingps@iafrica.com | www.flemingpreprimary.co.za  
Tel: 011 327-0083

## Enrolment Form: Confidential Information

For: (Year) \_\_\_\_\_

Child's Surname:	First Names:
Date of Birth:	Child's Gender:
Nationality:	Home Language:
Residential address of child:	
Code:	
Tel:	
Person responsible for paying fees	
Mother's Details: Full Names and Title:	ID Number:
Marital Status:	
Home Address:	
Home Tel:	Cell:
Work Tel:	
Email address:	
Occupation:	
Current Employer:	
Father's Details: Full Names and Title:	ID Number:
Marital Status:	
Home Address (If different from child's):	
Home Tel:	Cell:
Work Tel:	
Email address:	
Occupation:	
Current Employer:	

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Child's previous school & telephone number:

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How did you find out about Fleming Pre-Primary Centre?

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Medical Aid Name and Number:

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Is your child on medication? If so, please specify:

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Does your child suffer from any medical condition that we should be aware of – for the child's sake and all the other children in our care, eg. Tuberculosis, HIV/AIDS? If so please specify:

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Please indicate any other dietary, medical or physical condition that we should be aware of eg. disabilities or allergies, Vegetarian, Halaal etc:

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Family Doctor:

Tel No:

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Emergency contact (other than parent)

Name:

Relationship:

Tel Number:

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Names and telephone numbers of two further contacts:

1.

2.

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My Child will be attending school until: 12h30 \_\_\_\_\_ 14h30 \_\_\_\_\_ 15h30 \_\_\_\_\_

Form of payment: Monthly \_\_\_\_\_ Termly \_\_\_\_\_ Annual \_\_\_\_\_

I / we declare that the above information is correct and will inform the school of any changes that may occur.

**NAME:**

**DATE:**

**SIGNATURE**