

HILLCHRIS PREPARATPRY SCHOOL
ENROLLMENT FORM

STUDENT'S PERSONAL DETAILS

Family Name: <input style="width: 90%;" type="text"/>	First Name: <input style="width: 90%;" type="text"/>
Middle Name: <input style="width: 90%;" type="text"/>	Preferred Name: <input style="width: 90%;" type="text"/>
Date of birth: <input style="width: 80%; height: 20px;" type="text"/>	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Nationality: <input style="width: 90%;" type="text"/>	Place of birth: <input style="width: 90%;" type="text"/>
What is student's primary language? <input style="width: 90%;" type="text"/>	
What languages (if not English) does the child speak at home?	
Main language: <input style="width: 90%;" type="text"/>	Other languages: <input style="width: 90%;" type="text"/>
Current School: <input style="width: 90%;" type="text"/>	
level being applied for: <input style="width: 90%;" type="text"/>	Year applied for: <input style="width: 90%;" type="text"/>
Expected entry date: <input style="width: 90%;" type="text"/>	Expected length of stay: <input style="width: 90%;" type="text"/>

PARENT/GUARDIAN DETAILS

PARENT DETAILS (enrolling parent/guardian)	PARENT 2 DETATILS
Mr./Mrs./Ms./Other: <input style="width: 90%;" type="text"/>	Mr./Mrs./Ms./Other: <input style="width: 90%;" type="text"/>
Family Name: <input style="width: 90%;" type="text"/>	Family Name: <input style="width: 90%;" type="text"/>
First names: <input style="width: 90%;" type="text"/>	Firat Names: <input style="width: 90%;" type="text"/>
Gender: <input style="width: 90%;" type="text"/>	Gender: <input style="width: 90%;" type="text"/>
Relationship to student: <input style="width: 90%;" type="text"/>	Relationship to student: <input style="width: 90%;" type="text"/>
Employment status: <input style="width: 90%;" type="text"/>	Relationship to enrolling parent: <input style="width: 90%;" type="text"/>
Work location: <input style="width: 90%;" type="text"/>	Employment status: <input style="width: 90%;" type="text"/>
Work phone number: <input style="width: 90%;" type="text"/>	Work location: <input style="width: 90%;" type="text"/>
Mobile number: <input style="width: 90%;" type="text"/>	Work phone number: <input style="width: 90%;" type="text"/>
Nationality: <input style="width: 90%;" type="text"/>	Mobile number: <input style="width: 90%;" type="text"/>
	Nationality: <input style="width: 90%;" type="text"/>

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<p>Does parent 1 speak English language or other <input type="text"/></p> <p>If yes, which is the main language for parent 1 at home? <input type="text"/></p> <p>Will English be spoken at home? <input type="text"/></p> <p>Email address: <input type="text"/></p> <p>Signature of enrolling parent/guardian: <input type="text"/></p> <p>Date: <input type="text"/></p>	<p>Does parent 2 speak English or other English? <input type="text"/></p> <p>If yes, which is the main language for parent 1 at home? <input type="text"/></p> <p>Will English be spoken at home <input type="text"/></p> <p>Email address: <input type="text"/></p>
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ADDRESSES

Parents residential address:

Learners residential address:

OTHER PARENT/GUARDIAN NOT RESIDING AT SAME ADDRESS AS CHILD

Mr./Mrs./Ms./Other: <input type="text"/>	Family Name: <input type="text"/>
Given Names: <input type="text"/>	Gender: <input type="text"/>
Relationship to student: <input type="text"/>	Employment status: <input type="text"/>
Work location: <input type="text"/>	Work phone number: <input type="text"/>
Mobile number: <input type="text"/>	Nationality: <input type="text"/>
Email address: <input type="text"/>	
Residential address: <input type="text"/>	

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Please indicate if this person wishes to receive reports and/or correspondence:

SCHOOL FEES PAYMENT DETAILS

School fees are paid by: Parents
Employer Contact details to be completed below

Employer contact details:

Name:

Address:

Contact person:

Phone: Email:

PERSONS AUTHORISED TO COLLECT STUDENT

1. Full Names: Work phone:

Relationship to student: Mobile phone:

Work place:

2. Full Names: Work phone:

Relationship to student: Mobile phone:

Work place:

3. Full Names: Work phone:

Relationship to student: Mobile phone:

Work place:

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EMERGENCY CONTACTS IF PARENTS/GUARDIANS CANNOT BE CONTACTED

1. Full Names: Work phone:
 Relationship to child: Mobile phone:
 Other contact info:

2. Full Names: Work phone:
 Relationship to child: Mobile phone:
 Other contact info:

DETAILS OF STUDENT'S DOCTOR

Names: Work phone:
 Relationship to child: Mobile phone:
 Clinic/Hospital Name:

SIBLING DETAILS

No	Child's Name	Date of Birth						School

ANY OTHER INFORMATION/COMMENTS

HILLCHRIS SCHOOL
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FOR OFFICE USE ONLY

Admissions Office:

Accepted: Date Accepted:

Principals signature

Level (at entrance): Date of entrance:

Documentation Received from Parents/Guardians:

- 1. Birth certificate/passport
- 2. passport sized photos(2
-)3 academic record,if any
- 4 recommendation letter

Admission Assessment

Date of assessment: Assessed by: (signature)

Additional Comments on assessment:

ACCOUNTS OFFICE

Description	Amount	Receipt #	Date
Registration fee			
Lunch and transport			
Tuition			
Levies			