

Education for life.

INFORMATION SCHEDULE

Full names and Surname of Child:																						
Date of Birth:	D	D	М	М	Υ	Υ	Υ	Y	,							Ag						
ID or Passport number:															Ge	nde	r:	М		F	=	
Home language:																						
Previous School Attended:																						
Sibling Name:																Ag						
Sibling Name:													S	ibl	ing	Ag	e:					
Sibling Name:																						
Sibling Name:													S	ibl	ing	Ag	e:					
Details:			М	oth	er's	/Gı	uar	dia	'n	s				F	ath	er's	/Gı	arc	diar	ı's		
Name:																						
Surname:																						
ID Number:																						
Physical Address:																						
B I A I I																						
Postal Address:																						
Tel Work:																						
Tel Home:																						
Cell Phone No:																						
E-mail:																						
Company name & position:																						
Marital Status:																						
How are you married?																						
Please tick:		1	n C	com	ımu	nity	/ 0	f Pr	or	oer	ty		Dut	of (Сог	ททเ	ınity	v of	Pro	pei	ty	
Religion:																				<u>' </u>		
<u> </u>																						
Copy of N	ledi	cal	Aic	l Ca	ard i	ncl	ud	ed:		Y	es				No	ot or	n a l	Me	dica	al ai	d:	
Copy of Child's Birth certificate included: Yes										Т	o fo	ollo	w:									
												•										



PREFERRED PAYMENT METHOD

(Please select a preferred payment method, see Fee Schedule)

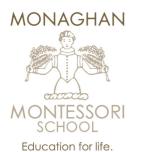
TODDLERS	(18months	- 3years)
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I prefer to make payments: MONTHLY I prefer to ma	ke payments: MONTHLY k your option) ANNUALLY
(Please tick your option) ANNUALLY (Please tick (Please tick (Please tick (Please tick (Please tick your option)) ANNUALLY ELEMENTARY (6 – 12 years) I prefer to make payments: MONTHLY (Please tick your option) MONTHLY (Please tick your option) ANNUALLY Parent/Guardian responsible for account payment FULL NAMES:	' '
CHILDREN'S HOUSE (3 – 6 years) I prefer to make payments: MONTHLY (Please tick your option) ANNUALLY ELEMENTARY (6 – 12 years) I prefer to make payments: MONTHLY (Please tick your option) ANNUALLY Parent/Guardian responsible for account payment FULL NAMES:	k your option) ANNUALLY
I prefer to make payments: MONTHLY (Please tick your option) ANNUALLY ELEMENTARY (6 – 12 years) I prefer to make payments: MONTHLY (Please tick your option) ANNUALLY Parent/Guardian responsible for account payment FULL NAMES:	
FULL NAMES:	
EMERGENCY CONTACT DETAILS In case of an emergency, please indicate which parent should be 1. 2.	e contacted?
Emergency contact - other than parents:	
Name: Relationship:	Cell Number:





Reg No. 2018/538394/07



COLLECTION OF CHILD

People allowed	to collect your Child, other	than parents/guardian:	
Name:	Relationship:	Cell Number:	Identity Number:
Please note:	ns and all persons allowed to	collect your child must co	omplete the security for (pleas
request a form fro	om the School Administrator i	if not a Monaghan Farm re	esident), have their fingerprint allowed access to the premise
SPECIAL REG			
Please indicate ar	ny special requests regarding	the following:	
Food (Also compl	ete Health Information Schedu	le):	
Medication (Also	complete Medication Schedule	;):	
Other:			
Signature of Gua	ardian:	Date:	D D M M Y Y Y Y



