



# Hoekwil Pre-School : Information Form

## Particulars of child:

Name: \_\_\_\_\_

Surname: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Physical Address: \_\_\_\_\_

\_\_\_\_\_

## Particulars of Father/Gaurdian:

Name: \_\_\_\_\_

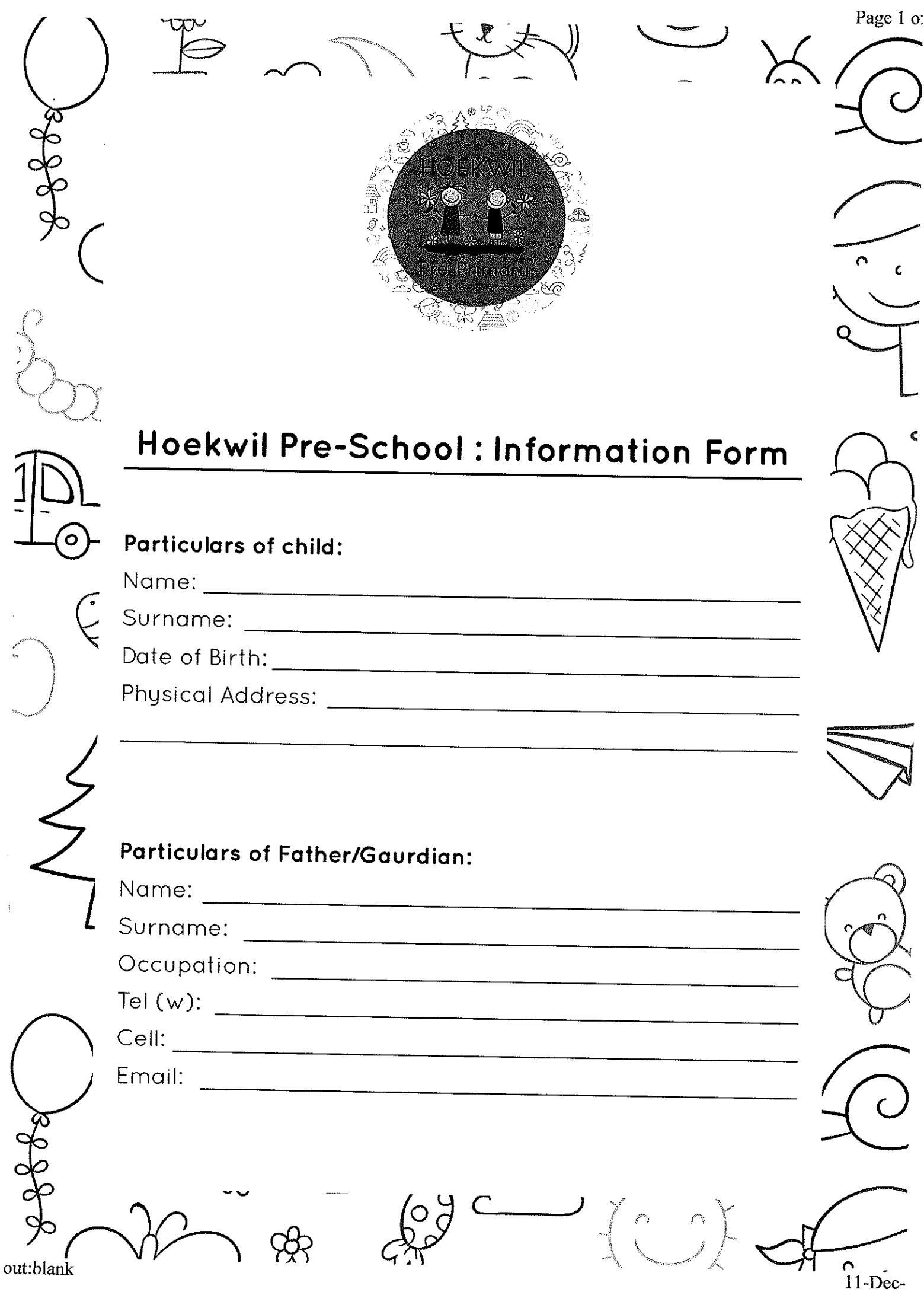
Surname: \_\_\_\_\_

Occupation: \_\_\_\_\_

Tel (w): \_\_\_\_\_

Cell: \_\_\_\_\_

Email: \_\_\_\_\_



**Particulars of Mother/Gaurdian:**

Name: \_\_\_\_\_

Surname: \_\_\_\_\_

Occupation: \_\_\_\_\_

Tel (w): \_\_\_\_\_

Cell: \_\_\_\_\_

Email: \_\_\_\_\_

If you are working please state the hours:

\_\_\_\_\_

Marital status of the parents: \_\_\_\_\_

Religion: \_\_\_\_\_

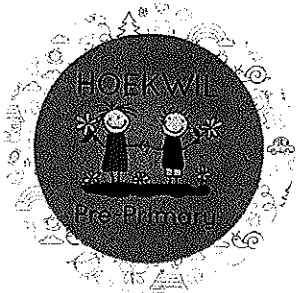
Other children in the family

Name & Age:

\_\_\_\_\_

\_\_\_\_\_

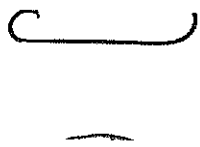
\_\_\_\_\_



Handwritten 'A' and 'u' characters.



Handwritten 'A' and 'u' characters.



How will your child get to school?(walk, lift club etc.)

Who will bring him/her? \_\_\_\_\_

Who will fetch him/her? \_\_\_\_\_

Will he/she be allowed to go on outings? \_\_\_\_\_

Will you be able to help with transport for outings? \_\_\_\_\_

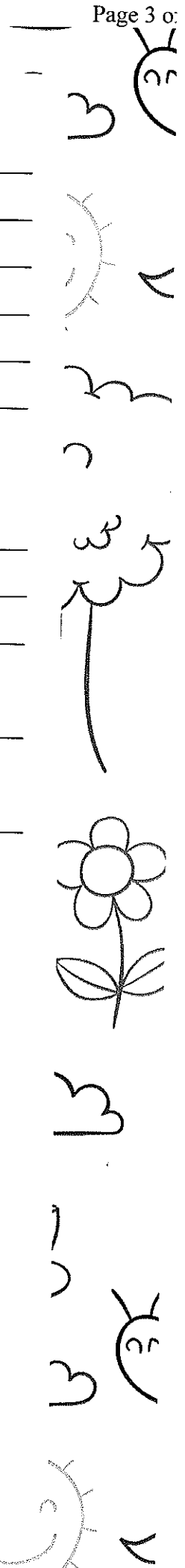
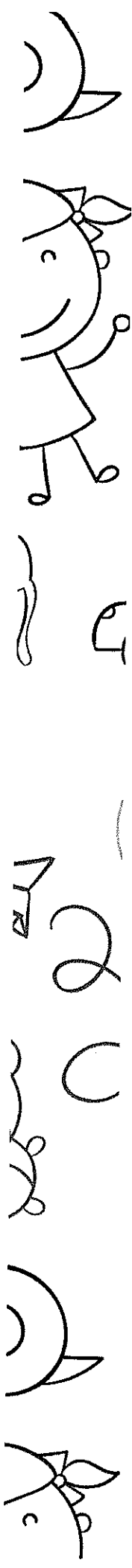
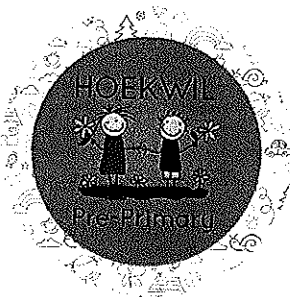
Health:

Any Allergies: \_\_\_\_\_

Any prohibited food groups? \_\_\_\_\_

Does your child take any medication? \_\_\_\_\_

Does your child have any problems with hearing, sight or speech? \_\_\_\_\_



If your child is ill at school and we are unable to contact either parents, who can we contact?

Please give the names of two people:

1. \_\_\_\_\_ Tel (w): \_\_\_\_\_

Cell: \_\_\_\_\_

2. \_\_\_\_\_ Tel (w): \_\_\_\_\_

Cell: \_\_\_\_\_

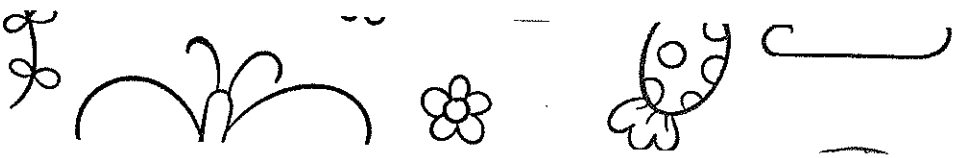
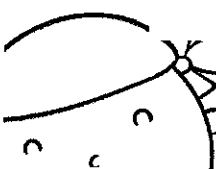
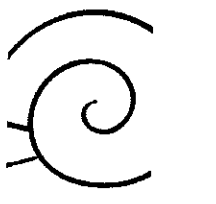
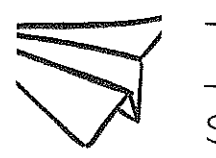
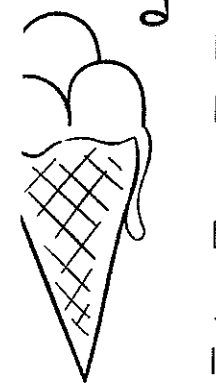
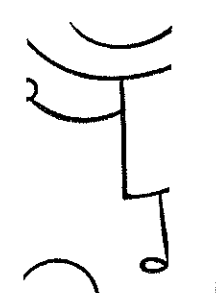
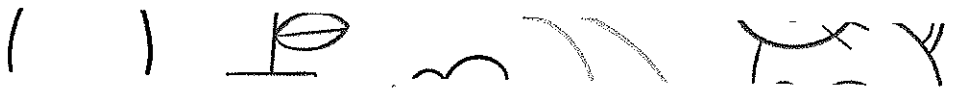
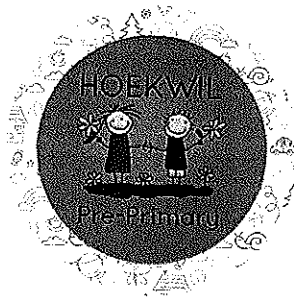
Family Doctor \_\_\_\_\_ Tel \_\_\_\_\_

How does your child relate to other children?

Does your child have any specific interests?

Is there anything that may help us to know and understand your child better? \_\_\_\_\_

Should any of the above information change we would like you to inform us immediately.



Agreement:

\_\_\_\_\_ (the undersigned)

Undertake to pay the school fees not later than the first of every month or a new term. I agree to give one month's notice before taking my child out of the school, or to pay a full month's fees in lieu notice.

Indemnification:

\_\_\_\_\_ (the undersigned)

Indemnify Hoekwil Pre-School of any obligation or cost, medical or otherwise, incurred as a result of any accident or injury obtained at school or on outings during school hours and after.

Signed:\_\_\_\_\_ Date:\_\_\_\_\_

Wilna Rossouw  
Cell: 084 062 3333  
Email: wilnarossouw3@gmail.com  
Hoewil Pre-Primary  
School fees for 2019 R850  
Reg fee R180/School Fees over 12 month

**Banking Details:**

W. Rossouw Absa bank George Branch  
Cheque account 9080067386  
Ref your child's name

