

Clever Kids Learning Hub

Application Form 2018



*Clever Kids Learning Hub
1 Basson Rd, Durbanville.
Reg No. 2016/154736/0*

Clever Kids Learning Hub

APPLICATION FORM 2018

Details of child

Child's name: _____

Child's Surname: _____

Child's Date of Birth: _____

Male or Female: _____

Current Home Address:

Details of parent/legal guardian (Mother)

Name: _____

Surname: _____

ID/passport number: _____

Relationship to child: _____

Home address if different to child:

Contact phone numbers

Home: _____

Cell phone: _____

Work: _____

Email: _____

Details of parent/legal guardian (Father)

Name: _____

Surname: _____

ID/passport number: _____

Relationship to child: _____

Home address if different to child:

Contact phone numbers

Home: _____

Cell phone: _____

Work: _____

Email: _____

Child's Educational History

Previous school: _____

Current Grade: _____

Please attach latest report.

Child's Doctor's details.

Doctor's Name: _____

Doctor's phone number: _____

Medical Aid Provider: _____

Medical Aid number: _____

Other medical information relevant to your child's development and school life e.g. hearing, sight, allergies, diabetes, epilepsy.

Does your child have a report of special education needs? Yes/ No (please circle)

If yes, please provide.

I note the above statement and believe the information provided to be correct as of this date. I will inform the office of any changes that may occur whilst my child attends Clever Kids Learning Hub.

Signature: _____

Date: _____