Please attach:

Copy of pupil's Child Health card
Copy of pupil's proof of medical aid
Copy of latest school report

Class: ……...…….

APPLICATION FOR ENROLMENT OF A PUPIL INTO MURRAY MACDOUGALL SCHOOL

A separate form must be completed for each pupil

1. Pupil's names ……..…….....
(as per birth certificate) First Names Surname

2. Pupil's date of birth …… Birth Certificate No. …….
(Attach Full Birth Certificate)
and place of birth ……

3. Name of previous school (if any) ……...

……...

4. Class last attended …….. 5. Date left …….

6. Pupil's Religion ……..

7. Proposed date of entry into school …….

Day scholar ……. Boarder …….

8. Pupil's Sex ……..

9. Pupil's Home Language …….....

10. Pupil's residential address …….....

……...

Home Telephone Number/Cell Numbers (Father)…..….....…(Mother)…....……

11. Name of person responsible for the pupil at this address: (Print)

…… …….....……
First Names Surname

Business Telephone No. …… Occupation ……..

Business address ……Email:…….……....

If employed by Triangle Limited, Company Number ……

12. Relationship of person named in 11 above to pupil ……..

IMPORTANT

(a) This information to be stated in terms of nuclear family and not in terms of extended family

(b) Any change in the information given at Question 10 or 11 **must immediately** be communicated to the School Office

13. Has pupil had any of the normal immunisations? Please give full details and dates:-

B.C.G. (Tuberculosis) ……

3 in 1 (Diphtheria, Whooping Cough, Tetanus) ……

Polio ……

Tetanus Boosters ……..

Measles ……

German Measles (Rubella) } **MMR** ……

Mumps ……

Hepatitis B ……..

Date 1st	Date 2nd	Date 3rd	Date 4th

14. Are there any abnormalities of health or serious illnesses of which the school authorities should be aware? This includes such things as poor hearing and/or vision, Asthma, diabetes, fits, allergies of any kind, e.g. bee-stings, Sulphas. Please give full details.

……

……

……

15. If father's names are NOT given in Question 11, please complete:-

Father's name …….. ……
(Print) First Names Surname

Residential Address……..
……..……

16. If mother's names are NOT given in Question 11, please complete:-

Mother's name …….. ……
(Print) First Names Surname

Residential Address ……..

……

17. Details of pupil's brothers and sisters attending Murray MacDougall School (indicate "N/A" if not applicable)

Surname First Name

……. …….

……. …….

……. …….

……. …….

18. I am aware that fees are payable in advance prior to the commencement of each term and hereby accept full responsibility for the payment of all fees incurred in the education of this pupil.

19. I agree that the pupil shall observe and be subject to the regulations, rules and discipline of the school. I further declare that the information given in this "Application for Enrolment" is true and correct, and I understand that to give false or misleading information may result in the pupil being struck off the enrolment register.

20. I agree to the fees due for each school term in respect of this pupil being deducted from my earning in the month of the commencement of that term.

    (This section will apply only to employees of Triangle Limited and its subsidiary companies who wish to have fees deducted from their earnings – otherwise please delete).

21. I understand that acceptance is subject to my child sitting and passing an entrance test.
    (School readiness for Grade 1)

22. I understand that if my child is offered a place, a deposit of $.....N/A..... is payable, which will be offset against termly fees once the child is attending the school.

Date: ……

Signature: ……
(Parent Responsible for Pupil)

Name: ……
(Please Print)