



Kristen
021 554 2325
kristen@chalkwoodhouse.co.za
www.chalkwoodhouse.co.za

151 - 153 Sunningdale Drive
Sunningdale

APPLICATION FOR ADMISSION

DATE ON WHICH ADMISSION IS REQUIRED _____

SURNAME AND FULL NAME OF CHILD _____

DATE OF BIRTH _____

HEALTH AND DEVELOPMENT INFORMATION RELATING TO YOUR CHILD AS PER HEALTH AND DEVELOPMENT QUESTIONNAIRE ATTACHED (PLEASE COMPLETE)

INFORMATION RELATING TO GUARDIANS AND PERSON RESPONSIBLE FOR PAYMENT OF FEES AND OTHER CHARGES

	FIRST GUARDIAN	SECOND GUARDIAN	PERSON RESPONSIBLE FOR PAYMENT
Title and Surname			
First Name			
Relationship to Child			
Home Address			
Postal Address			
Email Address			
Contact Landline numbers during working hours			
Contact Landline numbers after working hours			
Cellular Phone Numbers			

REASON FOR REQUIRING DAYCARE _____

FULL OR HALF DAY? _____

DATE _____

SIGNATURE OF PARENT _____

THE SCHOOL RESERVES THE RIGHT TO REJECT YOUR APPLICATION WITHOUT OFFERING REASONS. IF THE SCHOOL ACCEPTS YOUR APPLICATION YOU WILL BE REQUIRED TO SIGN THE SCHOOL'S STANDARD ENROLMENT CONTRACT AND PAY THE STANDARD COSTS ASSOCIATED THEREWITH.