



**RIMON NURSERY SCHOOL**

**DETAILS OF PROSPECTIVE PUPIL**

Full name \_\_\_\_\_  
 Preferred name \_\_\_\_\_ Sex \_\_\_\_\_  
 Date of birth (D/M/Y) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ ID number \_\_\_\_\_  
 Country of birth \_\_\_\_\_ Citizenship \_\_\_\_\_  
 Grade of entry \_\_\_\_\_ Date of entry \_\_\_\_\_  
 Number of siblings \_\_\_\_\_ Previous school \_\_\_\_\_  
 Allergies/dietary requirements \_\_\_\_\_  
 Medication, if yes please specify \_\_\_\_\_

**TO BE COMPLETED BY THE PARENT OR GUARDIAN**

Home address \_\_\_\_\_ Postal code \_\_\_\_\_  
 Postal address \_\_\_\_\_ Postal code \_\_\_\_\_  
 Telephone (home) \_\_\_\_\_

All correspondence will be sent to this postal address, unless otherwise requested.  
 Please note: It is imperative that you keep the School advised of any change of address.

**FATHER/MALE GUARDIAN**

Title \_\_\_\_\_ Father's/Guardians full names \_\_\_\_\_  
 Father's/Guardian's occupation \_\_\_\_\_  
 Father's/Guardian's business address \_\_\_\_\_  
 Contact numbers: Work \_\_\_\_\_ Fax \_\_\_\_\_ Cell \_\_\_\_\_  
 Email \_\_\_\_\_ ID/Passport \_\_\_\_\_

**MOTHER/FEMALE GUARDIAN**

Title \_\_\_\_\_ Mother's/Guardians full names \_\_\_\_\_  
 Mother's/Guardian's occupation \_\_\_\_\_  
 Mother's/Guardian's business address \_\_\_\_\_  
 Contact numbers: Work \_\_\_\_\_ Fax \_\_\_\_\_ Cell \_\_\_\_\_  
 Email \_\_\_\_\_ ID/Passport \_\_\_\_\_

Person responsible for paying account: \_\_\_\_\_

**ADDITIONAL INFORMATION**

Are you or your family a member/s of a shul \_\_\_\_\_

If yes, what is the name of your shul \_\_\_\_\_

Please supply a contact person in case of emergency:

Name \_\_\_\_\_ Contact number \_\_\_\_\_

How did you hear about Rimon? (e.g. advertisement, student, website, staff, friend)

\_\_\_\_\_

Medical Aid \_\_\_\_\_ Medical aid number \_\_\_\_\_

Doctor \_\_\_\_\_ Telephone number \_\_\_\_\_

**PLEASE ATTACH:**

1. Birth certificate
2. Small ID photo of child
3. Immunisation card copy
4. Copy of parents ID/Passport

Dated this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

Signature of Father/Male guardian \_\_\_\_\_

Signature of Mother/Female guardian \_\_\_\_\_

**THANK YOU FOR APPLYING TO RIMON**