



# TRINITY SCHOOL

BASIC SCHOOL, KINDERGARTEN, NURSERY & CRECHE

## ENROLMENT FORM

### PERSONAL INFORMATION

NAME OF CHILD				
	<i>SURNAME</i>	<i>FIRST</i>	<i>MIDDLE</i>	<i>SUFFIX(JNR)</i>
NICKNAME		DATE OF BIRTH		
RELIGION		NATIONALITY		
LANGUAGES SPOKEN AT HOME				
INTERESTS / HOBBIES				
SEX		AGE		

### MEDICAL HISTORY

WEIGHT AT BIRTH		BLOOD GROUP				
ANY ALLERGIES						
DOES YOUR CHILD HAVE ANY SPECIFIC ILLNESS, DIABETES OR LIMITING CONDITION?						
ANY FAMILY SICKNESS						
DOES YOUR CHILD HAVE A SPECIAL DOCTOR						
NAME		TELEPHONE NO.				
CHILD'S POSITION AT BIRTH IN THE FAMILY	<input type="checkbox"/>	FIRST	<input type="checkbox"/>	SECOND	<input type="checkbox"/>	THIRD

## PARENT / GUARDIAN INFORMATION

LANGUAGES SPOKEN	
MOTHER'S NAME	
TELEPHONE NUMBER	
FATHER'S NAME	
TELEPHONE NUMBER	
HOME ADDRESS	

(KINDLY NOTIFY US IN CASE OF CHANGE OF ADDRESS)

## OTHER INFORMATION

IN CASE OF EMERGENCY WHO DO WE NOTIFY	
WHO PICKS CHILD FROM SCHOOL	
WHO STAYS WITH CHILD NOW	
FULL NAME	
ADDRESS	
TELEPHONE	
RELATIONSHIP TO CHILD	

(KINDLY NOTIFY US IN CASE OF CHANGE OF ADDRESS)



**TRINITY SCHOOL**

**HSE. NO. 692/17  
SAHARA - DANSOMAN**