

AMADEUS INDEPENDENT SCHOOL
REGISTRATION FORM 20

Learner details:

Surname : _____

FULL name : _____

Date of birth : _____

ID no. / Birth certificate no. : _____

Enrolment grade : _____

Previous school : _____ Tel : _____

Is your child fully inoculated? _____

Allergies : _____

Parent details:

ID no of the Guardian: _____

Name and surname of **FATHER** : _____

Tel : _____ (h) _____ (w) _____ ©

Postal address : _____

Home address : _____

Occupation : _____

Employer : _____ Tel : _____

Name and surname of **MOTHER** : _____

Tel : _____ (h) _____ (w) _____ ©

Postal address : _____

Home address : _____

Occupation : _____

Employer : _____ Tel : _____

Marital status of parents : _____

E-mail address: _____

