



APPLICATION FOR ADMISSION

Clivia Pre-Primary School
7 Adrian Road, Lester Park,
Pietermaritzburg, 3201
Telephone: 033-3443125
Email : admin@cliviapp.co.za

Pupil's surname : _____

First names : _____

Date of Birth : Day : _____ Month : _____ Year : _____

Identity number : _____

Citizenship: _____ Home Language : _____

Commencing : Month: _____ Year : _____

Religious denomination : _____

Present school : _____

(If applicable a copy of pupil's most recent report is to be enclosed)

Has your child any connection with Clivia? _____

Please state connection or where you heard about Clivia? _____

Have you applied to any other schools for admission: _____

What Primary school will your child attend? _____

DETAILS OF PARENT / GUARDIAN

Father : Full names _____

Identity Number : _____

Residential address : _____

_____ Postal code : _____

Home Tel : _____ Cell : _____

Email : _____

Occupation : _____

Business name and address : _____

_____ Postal Code : _____

Business Tel : _____ Cell : _____

Mother : Full names _____

Identity Number : _____

Residential address : _____

_____ Postal code _____

Home Tel : _____ Cell : _____

Email : _____

Occupation : _____

Business name and address : _____

_____ Postal Code : _____

Business Tel : _____ Cell : _____

Marital Status of parents—Married, Divorced, etc. _____

Is the family unit complete? _____

Do you have other children? _____

Who is the child living with? _____

Who cares for your child when not at school? _____

Does your child have any illnesses; allergies etc : _____

If yes, please specify: _____

Person responsible for payment of fees _____

Email address to which all correspondence is to be sent:

NB: Application form to be returned with :-

- A copy of your child's birth certificate,
- Two passport size colour photos
- R200 application fee.

I/we hereby apply for the admission of the abovementioned child, subject to the attached conditions of entry and regulations which I have read and accept without reserve.

Mother's Signature

Father's Signature

Date : _____

Date: _____