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Est. 1978

"AN EDUCATION FOR A LIFETIME"

SURNAME			
CHILD'S FULL NAME			
DATE OF BIRTH		GENDER	
PROPOSED DATE OF ENTRY		DOES YOUR CHILD REQUIRE AFTERCARE?	

PARENT/S DETAILS:

FATHER'S FULL NAME		OCCUPATION	
TEL NO. (WORK)		CELL	
EMAIL ADDRESS			
MOTHER'S FULL NAME		OCCUPATION	
TEL NO. (WORK)		CELL	
EMAIL ADDRESS			
MARITAL STATUS			

ADDRESS (WHERE CHILD RESIDES)			
TEL NO. (HOME)			
NUMBER OF CHILDREN IN THE FAMILY		POSITION OF CHILD IN THE FAMILY (E.G. 1 ST , 2 ND ETC)	
RELIGION		HOME LANGUAGE	

FAMILY DOCTOR		TEL NO.	
ALLERGIES			
OTHER IMPORTANT ILLNESSES FROM WHICH THE CHILD SUFFERS (E.G. ASTHMA, EPILEPSY ETC)			

NAME & TEL NO. OF PREVIOUS SCHOOL / PLAYGROUP THAT CHILD ATTENDED			

REASONS FOR WISHING YOUR CHILD TO ENTER OUR PRE-PRIMARY SCHOOL			

SIGNATURE		DATE	
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* PLEASE SUBMIT COPIES OF CHILD'S BIRTH CERTIFICATE / ROAD TO HEALTH (VACCINATION) DOCUMENTS / PARENTS ID'S WITH YOUR APPLICATION