



AKANANI NURSERY SCHOOL

08 EMMA STREET, DAWN PARK
BOKSBURG 1474
TEL/FAX: 011 862-1495

ENROLMENT FORM FOR 2026

A. PARTICULARS OF CHILD

SURNAME: _____

NAMES: _____

PHYSICAL ADDRESS: _____

GENDER: MALE ☐ FEMALE ☐ DATE OF BIRTH _____

ID Number: _____ Number of children in the family _____

Position of child in the family _____ Ages of other siblings _____

B. PARTICULARS OF PARENTS

A. FATHER

NAME & SURNAME: _____

POSTAL ADDRESS: _____

PHYSICAL ADDRESS: _____

TEL NUMBER (H): _____ TEL NUMBER (w): _____

CELL NUMBER: _____ OTHER CONTACT NUMBER _____

MARRITAL STATUS: MARRIED ☐ SINGLE ☐ DIVORCED ☐ WIDOWED ☐

IF DIVORCED: (A) NAME OF GUARDIAN _____

(B) NAME OF CUSTODIAN _____

B. MOTHER

NAME & SURNAME: _____

POSTAL ADDRESS: _____

PHYSICAL ADDRESS: _____

TEL NUMBER (H): _____ TEL NUMBER (w): _____

CELL NUMBER: _____ OTHER CONTACT NUMBER _____

MARRITAL STATUS: MARRIED ☐ SINGLE ☐ DIVORCED ☐ WIDOWED ☐

IF DIVORCED: (A) NAME OF GUARDIAN _____

(B) NAME OF CUSTODIAN _____

C. GENERAL INFORMATION

HAS YOU'RE YOUR CHILD PREVIOUSLY ATTENDED A PRE SCHOOL?

YES ☐ NO ☐

IF YES, NAME OF SCHOOL ATTENDED: _____ TEL: _____

HAS YOUR CHILD BEEN RECOMMENDED FOR OCCUPATIONAL AND/OR SPEECH THERAPY?

YES ☐ NO ☐

IF YES, HAS SHE/HE ATTENDED THE THERAPY? _____

IF SO, PLEASE SUPPLY NAME & TEL NUMBER OF THERAPIST: _____

PLEASE STATE IF THERE WERE ANY COMPLICATIONS EXPERIENCED AT BIRTH _____

PLEASE SPECIFY IF YOUR CHILD HAS ANY ALLERGIES, AND IF SO, SPECIFY WHICH ALLERGIES THEY HAVE:

D. SCHOOL FEES

1.1 PLEASE REFER TO ATTACHED SCHEDULE FOR FEE STRUCTURE.

1.2 NON-ATTENDANCE FOR ANY REASON WHATSOEVER WILL NOT RESULT IN ANY REDUCTION OF FEES.

1.3 SCHOOL FEES IS PAYABLE IN ADVANCE BETWEEN THE 1ST AND THE 7TH OF EACH MONTH.

1.4 ONE CALENDER MONTH NOTICE MUST BE SUBMITTED IN WRITTING TO THE OFFICE PRIOR TO

WITHDRAWING YOUR CHILD FROM THE SCHOOL OR IN DEFAULT THEREOF PAYMENT OF TWO

MONTHS FEES IN LIEU OF NOTICE WILL BE CHARGED.

1.5 SHOULD FEES NOT BE PAID IN FULL BY THE END OF EACH TERM, REGRETFULLY, THE PLACE WILL HAVE TO BE GIVEN ANOTHER CHILD ON THE WAITING LIST.

E. SCHOOL REGULATIONS

(a) All treatment of injuries will be the financial responsibility of parents or guardians.

(b) It is parent's or guardian's responsibility to advise us of any change of address, telephone numbers and medical details.

F. UNDERTAKING BY PARENTS/GUARDIAN

I/WE HAVE READ AND UNDERSTOOD THE RULES AND REGULATIONS, AND CERTIFY THAT THE INFORMATION SUPPLIED IS TRUE, CORRECT AND ACCURATE.

ID NUMBERS OF PARENTS/GUARDIANS: _____

(Please attach ID copies to this effect) _____