



APPLICATION FORM

PUPIL'S DETAILS: ENROLMENT YEAR: _____

SURNAME: _____ GENDER: _____

FIRST NAMES: _____

DATE OF BIRTH: _____

RESIDENTIAL ADDRESS: _____

CURRENT SCHOOL: _____

IS THERE A SIBLING AT BRYANDALE PRIMARY? YES NO

SIBLING'S NAME: _____ CLASS: _____

TEACHER'S NAME: _____

FATHER'S FULL NAMES: _____

TELEPHONE NUMBERS: WORK _____ HOME _____

MOTHER'S FULL NAMES: _____

TELEPHONE NUMBERS: WORK _____ HOME _____

CELL NUMBERS: FATHER _____ MOTHER _____

E-MAIL ADDRESS: _____

PARENT'S SIGNATURE: _____ DATE: _____

APPLICATION FEE OF R600.00 IS PAYABLE AND NON-REFUNDABLE. If you have a bad credit history, we will not accept your application.

WILL YOUR CHILD ATTEND BRYANDALE PRIMARY SCHOOL? YES / NO

For Office use only: Method of Payment: _____ Date paid: _____

Cheque No: _____ Name of Bank: _____ Receipt No: _____

A copy of the child's Unabridged Birth Certificate **must** accompany this form.

Payment can be made with **cash** or **EFT**.

Banking Details:

Bryandale Pre- Primary Trust

Standard Bank

Acc No: 421459654

Code: 009953

Please use your child's name and the relevant enrolment year as the reference.

Send proof of payment to angela.tyson@bryandale.co.za