



WHIZZKIDZ ACADEMY

COMMITTED TO EXCELLENCE IN EDUCATION

ENROLMENT FORM 2024

62/65 Roan Mackenzie Park Benoni

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PUPIL	Surname		Desired Enrolment Date		PLACE STUDENT ID PHOTO HERE
	Full Names		Grade Applying For		
	ID Number		No. of Children in Family		
	Date of Birth		Position in Family		
	Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>	Nationality		
	Age		Religion		
			Home Language		

PARENT / GUARDIAN	Father		PARENT / GUARDIAN	Mother	Biological <input type="checkbox"/> Step <input type="checkbox"/> Guardian <input type="checkbox"/>
	Surname			Surname	
	Full Names			Full Names	
	ID Number			ID Number	
	Occupation			Occupation	
	Marital Status			Marital Status	
	Residential Address			Residential Address	
	Postal Address			Postal Address	
	Home Telephone			Home Telephone	
	Work Telephone			Work Telephone	
	Cell			Cell	
	Email Address			Email Address	
	Employer Name & Address			Employer Name & Address	
Person responsible for account					

GENERAL HEALTH OF CHILD

Allergies (Food or Medication)	
Vegetarian / Non Vegetarian	
Speech Impediments (Please specify)	
Past Operations	
Other Ailments	
Has your child had any of the following	Measels <input type="checkbox"/> German Measels <input type="checkbox"/> Chicken Pox <input type="checkbox"/> Mumps <input type="checkbox"/>

GENERAL INFORMATION OF CHILD

Has your child attended another pre-school			
If so, please specify	Name of School:	Tel:	
	Address:		
Reason for leaving			
How did you hear about our school?			
Will your child be attending?	Full Day <input type="checkbox"/> Half Day <input type="checkbox"/>		
Who will bring / collect your child?	Morning - Name:	Tel:	
	Afternoon - Name:	Tel:	

CONTACT IN CASE OF EMERGENCY

Name & Surname		Contact Number	
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EMERGENCY CONTACT	Relation to Learner		MEDICAL INFORMATION	Family Doctor	
	Full Name			Contact Number	
	Cellphone			Medical Aid Scheme	
	Relation to Learner			Medical Aid Number	
	Full Name			Telephone Number	
	Cellphone			of Medical Aid	
	Nominated Cell Number to receive sms's from school				
Nominated Email Address for communication from school					

PLEASE NOTIFY THE OFFICE IMMEDIATELY SHOULD ANY DETAILS CHANGE

THE FOLLOWING DOCUMENTS ARE TO BE RECEIVED UPON ACCEPTANCE	
<input type="checkbox"/>	Proof of Residence
<input type="checkbox"/>	Copy of Medical Aid Details
<input type="checkbox"/>	Pupils Birth Certificate & Clinic Card
<input type="checkbox"/>	Father's ID Document
<input type="checkbox"/>	Mother's ID Document

Signed by: Name: _____

Signature: _____

Date: _____

FOR OFFICE USE ONLY	
Grade of Learner	
Name of Teacher	
Enrolment Date	
Registration	
Re-Registration for the new year	
Paid Book Fee	
Paid Event Package	
Paid Uniform Set for the Year	