

STARLIGHT NURSERY SCHOOL

Application for Enrolment

Kindly contact the school to arrange an appointment where you will be able to complete the Application for Enrolment Form. If you are able to print and complete this form beforehand, please bring the form with you. To arrange an appointment, kindly contact the school either by:

Email: starlight@plugg.co.za or Telephone: 021 703370

Date of Application: _____

Child's Information:

Name and Surname: _____

Date of Birth: _____ **Sex:**

M	F
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Father's Information:

Name and Surname: _____

Contact Number: _____ **Email:** _____

Mother's Information:

Name and Surname: _____

Contact Number: _____ **Email:** _____

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Area/Suburb where you reside: _____

From when do you require enrolment for school state (month and year) _____

Previous Schools attended: _____

How did you hear about Starlight? _____

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For office use

Enrolment fee received _____

Enrolment form given: _____ **Enrolment form received:** _____

Signed copies of identity documents received: (Dad) _____ (Mom) _____

Message book given: _____ **Clinic card received:** _____

Start date: _____