

# Theodor Herzl Schools

*Unique education for individual excellence*



## APPLICATION FOR ADMISSION TO PRE-PRIMARY AFTERCARE

Please tick one of these options 12h00 – 14h00 \_\_\_\_\_  
12h00 – 17h00 \_\_\_\_\_

### PARTICULARS OF CHILD:

Name of Child: \_\_\_\_\_ Teacher \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### PARTICULARS OF PARENT/GUARDIAN:

Father's Name: \_\_\_\_\_ Occupation \_\_\_\_\_  
Telephone (Work) \_\_\_\_\_ (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Telephone (Work) \_\_\_\_\_ (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

### EMERGENCIES:

Contact Person – other than parent/guardian

Name: \_\_\_\_\_ Relationship to child \_\_\_\_\_  
Telephone (Work) \_\_\_\_\_ (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

### MEDICAL INFORMATION

GP \_\_\_\_\_ Telephone \_\_\_\_\_  
Paediatrician \_\_\_\_\_ Telephone \_\_\_\_\_  
Dentist: \_\_\_\_\_ Telephone \_\_\_\_\_  
Hospital of choice: \_\_\_\_\_ Telephone \_\_\_\_\_  
Medical Aid: \_\_\_\_\_ Med. Aid Number: \_\_\_\_\_  
Allergies: \_\_\_\_\_  
Medication: \_\_\_\_\_  
Medical Conditions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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