



Tree Tops Junior Primary School

Application form

For office use only

Year:	<u>OFFER</u>
Application date:	Posted
Status:	Due back.....
	Regret.....

74 Silverton Road
Durban 4001
Tel: 201-7305

Fax : 202-3272

P O Box 50155
Musgrave 4062

e-mail: treetops@
dbn.stormnet.co.za

Child's surname:

First names:

Gender:.....

Date of Birth:
(Please attach a copy of his/her birth certificate)

Proposed Grade of Entry:

Pre-School attended:
(Please attach a copy of his/her most recent school report)

Home language:Religion/Philosophy:

Health: Does your child have any specific health problems? Please detail

.....
(Please attach a copy of his/her clinic/medical certificate)

Residential Address:

..... Postal code: Home Tel:

Postal Address:

..... Postal code:

PARTICULARS OF PARENTS / GUARDIAN

MOTHER

FATHER

Name:	Name
ID No:	ID No:
Professional name	Professional title (eg. Prof, Doctor,etc).....
(if different from married name)	
Occupation	Occupation:
Type of Business	Type of Business
Employer	Employer
Address	Address
.....
Bus Tel. No	Bus Tel. No
Direct Tel. No	Direct Tel. No
Cell Tel	Cell Tel
e-mail	e-mail

PARTICULARS OF SIBLINGS:

a) Name: age: Present school: Grade:

b) Name: age: Present school: Grade:

What school do you intend to send your child to for his/her senior primary education?

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If your child were to attend Tree Tops Junior Primary, who will be responsible for payment of School Fees?

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.....
Signature of Father / Guardian

.....
Signature of Mother / Guardian

Date:

Signature of Principal: