



# LEGACY CENTRE

#SpecialNeedsTutoring

No 10 11th Avenue, Denneoord, George, 6529  
legacycentregeorge@gmail.com • 083 270 6382

## APPLICATION FORM

### CHILD'S DETAILS

<b>DATE OF BIRTH</b>			
<b>SURNAME</b>			
<b>FULL NAME</b>			
<b>PREFERRED NAME</b>			
<b>RELIGION</b>			
<b>MAIN HOME LANGUAGE</b>			
<b>LANGUAGE OF INSTRUCTION</b>			
<b>NUMBER OF SIBLINGS</b>		<b>AGES</b>	

### PARENTS / GUARDIAN'S DETAILS

	<b>MOTHER</b>	<b>FATHER</b>
<b>SURNAME</b>		
<b>FIRST NAMES</b>		
<b>RESIDENTIAL ADDRESS</b>		
<b>POSTAL ADDRESS</b>		
<b>OCCUPATION</b>		
<b>EMPLOYER</b>		
<b>WORK PHONE NUMBER</b>		
<b>HOME PHONE NUMBER</b>		
<b>CELL NUMBER</b>		
<b>FAX NUMBER</b>		
<b>EMAIL ADDRESS</b>		



# LEGACY CENTRE

#SpecialNeedsTutoring

No 10 11th Avenue, Denneoord, George, 6529  
legacycentregeorge@gmail.com • 083 270 6382

## DETAILS OF PERSON RESPONSIBLE FOR ACCOUNT

<b>SURNAME</b>	
<b>FIRST NAMES</b>	
<b>WORK PHONE NUMBER</b>	
<b>HOME PHONE NUMBER</b>	
<b>CELL NUMBER</b>	
<b>EMAIL ADDRESS</b>	
<b>POSTAL ADDRESS</b>	
<b>OCCUPATION</b>	
<b>EMPLOYER</b>	
<b>I.D. NUMBER</b>	

## DETAILS OF PERSON TO CONTACT IN CASE OF EMERGENCY

<b>FULL NAME</b>	
<b>CONTACT NUMBER</b>	

## MEDICAL DETAILS

<b>FAMILY DOCTOR</b>	
<b>PHONE NUMBER</b>	
<b>MEDICAL AID</b>	
<b>MEMBERSHIP NUMBER</b>	
<b>ALLERGIES</b>	<b>MEDICATION (IF ANY)</b>
<b>CHRONIC ILLNESS</b>	
<b>DISABILITIES</b>	



# LEGACY CENTRE

#SpecialNeedsTutoring

No 10 11th Avenue, Denneoord, George, 6529  
legacycentregeorge@gmail.com • 083 270 6382

<b>ADDITIONAL INFORMATION WE NEED TO BE AWARE OF:</b>	

**Please include the following documents:**

A copy of Mom and Dad's I.D documents or passport

A copy of your child's birth certificate

A copy of your child's inoculation record

The above mentioned are a requirement of the Department of Social Services and without these your child's enrolment is not legal.

<b>AFTERCARE / HOLIDAY CARE</b>			
<b>Please indicate if you want to make use of the after care and / or holiday care facilities</b>			
<b>AFTERCARE</b>		<b>HOLIDAY CARE</b>	