

CRESTON COLLEGE

APPLICATION FOR ENROLMENT



PUPIL INFORMATION:

Admin No.: (Office Use Only) _____

Account No.: (Office Use Only) _____

Last Name: _____ Home Language: _____

Preferred First Name: _____ Other Home Language: _____

Full First Names: _____ Commencing Date: _____

Date of Birth: _____ Grade: _____

Gender: Male Female Pupil Email Address: _____

ID/Passport No.: _____

Religion: _____ Pupil Cell Phone No.: _____

Population Group: Black African Coloured Indian Other White

PUPIL/S RESIDENTIAL INFORMATION: (PUPIL/S NOT LIVING WITH PARENTS)

Full Names of Guardian: _____

Residential Address: _____

Cell Phone No.: _____ Home Phone No.: _____

Email Address: **(Please print clearly)** _____

MEDICAL INFORMATION:

Allergies/Ailments: _____

Medical Aid Scheme: _____

Medical Aid No.: _____

Medical Aid Principal Member: _____

Principal Member ID No.: _____

Doctor: _____

Doctor's Telephone No.: _____

PREVIOUS SCHOOLING:

At School Prior to Enrolling: Yes No

First Registration in this Province: Yes No

Previous School: _____

Province of Previous School: _____

Country of Previous School: _____

Formal Grade R: Yes No

CRESTON COLLEGE



PRIMARY PARENT:

SECONDARY PARENT:

Last Name: _____ Last Name: _____

First Name: _____ First Name: _____

Title: _____ Title: _____

Initials: _____ Initials: _____

Gender: Male Female

Gender: Male Female

Date of Birth: _____ Date of Birth: _____

ID/Passport No.: _____ ID / Passport No.: _____

Occupation: _____ Occupation: _____

Employer: _____ Employer: _____

Employer Physical Address: _____ Employer Physical Address: _____

Work Telephone: _____ Work Telephone: _____

Mobile Telephone: _____ Mobile Telephone: _____

Email Address Home: **(Please print clearly)** Email Address Home: **(Please print clearly)**

Email Address Work: _____ Email Address Work: _____

Full Residential Address 1: _____ Full Residential Address 2: _____
