

CHECKLIST		
CHILD'S FULL NAME		
	Y/N	COMMENTS
APPLICATION FORM		
COPY OF BIRTH CERTIFICATE		
COPY OF IMMUNISATION CARD		
IDENTITY DOCUMENTS OF BOTH PARENTS		
PROOF OF PAYMENT ENROLLMENT FEE		
FINANCIAL CLEARANCE		If your child has been in a school previously.
MEDICAL FORM		
LEARNER'S COVID-19 CHECKLIST		
PARENTS QUESTIONNAIRE - COVID-19		Please read COVID-19 protocols before completing this form.