



**Stanford
Lake
College**

REGISTRATION FORM

YEAR:

Surname of Pupil: _____

Gender: M F

First Name(s) of Pupil: _____

Grade:

Preferred name: _____

Pupil's Date of Birth: Y Y Y Y M M D D

Pupil's Age in Jan 201__

Immigrant: Y N

Boarder: Y N

Study Permit: Y N

Country of Origin: _____ Home Language: _____

Pupil's ID/Passport number:

Pupil's email address: _____

Pupil's cell phone No.: _____

Sibling in School: Y N Sibling's Name _____ Grade & year: _____

Father:

Date of Birth: Y Y Y Y M M D D

OWN STEP GUARDIAN DECEASED

Name: _____ ID/Passport No:

Father's Occupation: _____ Company: _____

Office Tell No: _____ Cell No: _____

Email: _____

Mother:

Date of Birth: Y Y Y Y M M D D

OWN STEP GUARDIAN DECEASED

Name: _____ ID/Passport No:

Mother's Occupation: _____ Company: _____

Office Tell No: _____ Cell No: _____

Email: _____

Residential Address: _____

_____ Code: _____

Postal Address: _____

_____ Home Tel No: _____

Parents Marital Status: Married Divorced Remarried Single Widow(er)

Religious Group: Christian Hindu Islam Jewish Muslim None

Meal Type required: Normal Vegetarian Halaal Kosher White meat only

Name of **Previous School** or transferred from another school:

_____ Tel.: _____

Address: _____

Province: _____

If not Limpopo, is this the first time this pupil is attending a school in Limpopo?

| | |
|---|---|
| Y | N |
|---|---|

Person responsible for School Accounts:

Name: _____ Contact No: _____

Postal Address: _____

E-mail Address: _____

Do you prefer to have the account posted or emailed ?

Debenture Information:

Rent: Own: Debenture Number(s)

Family Friend: _____ Tel: _____

Family Doctor: _____ Tel: _____

Medical Aid Scheme: _____ Med Aid No: _____

Name of Main Member: _____

Signature of Parent / Guardian

Date

E-MAIL: info@stanfordlakecollege.co.za

WEBSITE: www.slc.co.za
