

SCHOOL REGISTRATION FORM

Bokamoso

Walking Towards

0728840705 - 0785065020

www.bokamosocaregivertrainingacademy.co.za

904 Mandela outline, kameelpoortnek,

springfield campus



INFORMATION

Registration Number: _____ Registration Received On: _____

STUDENT INFORMATION

Name: _____

Student ID: _____

Date of Birth: / /

Home Address: _____

City: _____

State: _____

Postal Code: _____

Gender: Male Female

Previous School (if any): _____

GUARDIAN INFORMATION

Guardian Name: _____

Relationship to Student: _____

Other: _____

Phone Number: _____

Email Address: _____

Home Address (if different from student): _____

EMERGENCY CONTACT INFORMATION

Emergency Contact Name: _____

Relationship to Student: _____

Phone Number: _____

MEDICAL INFORMATION

Does the student have any allergies? yes No

If yes, please list: _____

Does the student have any medical conditions we should be aware of? yes No

If yes, please specify: _____

Primary Physician Name: _____ Phone Number: _____

Health Insurance Provider: _____ Policy Number: _____

CONSENT & AGREEMENT

I certify that the above information is correct to the best of my knowledge.

Documents Submitted: Certified ID copy Highest grade document

Proof of Address Other: _____

Date: / /

Signature: _____