



APPLICATION FORM

Child's Name: _____

Gender: _____ Date of birth: _____

Address: _____

Postal Address: _____

Mothers Name: _____ Cell: _____

Fathers Name: _____ Cell: _____

Mothers Occupation: _____

Fathers Occupation: _____

Mothers E-mail: _____

Father's E-mail: _____

SIGNATURE OF LEGAL GAURDIAN

DATE

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