



INFORMATION SCHEDULE

Full names and Surname of Child:														
Date of Birth:		<input type="text" value="D"/>	<input type="text" value="D"/>	<input type="text" value="M"/>	<input type="text" value="M"/>	<input type="text" value="Y"/>	<input type="text" value="Y"/>	<input type="text" value="Y"/>	<input type="text" value="Y"/>	<input type="text" value="Y"/>	Age:			
ID or Passport number:												Gender:	<input type="checkbox"/> M	<input type="checkbox"/> F
Home language:														
Previous School Attended:														
Sibling Name:							Sibling Age:							
Sibling Name:							Sibling Age:							
Sibling Name:							Sibling Age:							
Sibling Name:							Sibling Age:							
Details:		Mother's/Guardian's							Father's/Guardian's					
Name:														
Surname:														
ID Number:		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Physical Address:														
Postal Address:														
Tel Work:														
Tel Home:														
Cell Phone No:														
E-mail:														
Company name & position:														
Marital Status:														
How are you married?														
Please tick:		<input type="checkbox"/> In Community of Property					<input type="checkbox"/> Out of Community of Property							
Religion:														
Copy of Medical Aid Card included:							<input type="checkbox"/> Yes	Not on a Medical aid:						
Copy of Child's Birth certificate included:							<input type="checkbox"/> Yes	To follow:						



PREFERRED PAYMENT METHOD

(Please select a preferred payment method, see Fee Schedule)

TODDLERS (18months – 3years)

WITHOUT AFTERCARE (until 12:30pm):	WITH AFTERCARE (until 5pm):
I prefer to make payments: <input type="checkbox"/> MONTHLY (Please tick your option) <input type="checkbox"/> ANNUALLY	I prefer to make payments: <input type="checkbox"/> MONTHLY (Please tick your option) <input type="checkbox"/> ANNUALLY

CHILDREN'S HOUSE (3 – 6 years)

I prefer to make payments: <input type="checkbox"/> MONTHLY (Please tick your option) <input type="checkbox"/> ANNUALLY

ELEMENTARY (6 – 12 years)

I prefer to make payments: <input type="checkbox"/> MONTHLY (Please tick your option) <input type="checkbox"/> ANNUALLY

Parent/Guardian responsible for account payment

FULL NAMES: _____

Phone Number: _____

EMERGENCY CONTACT DETAILS

In case of an emergency, please indicate which parent should be contacted?	
1.	
2.	

Emergency contact - other than parents:

Name:	Relationship:	Cell Number:



+27 64 849 7022



info@farmschool.xyz



www.farmschool.xyz



Monaghan Farm, Ashenti Road, LANSERIA, South Africa





COLLECTION OF CHILD

People allowed to collect your Child, other than parents/guardian:

Name:	Relationship:	Cell Number:	Identity Number:

Please note:

**Parents/guardians and all persons allowed to collect your child, must complete the security form (please request a form from the School Administrator if not a Monaghan Farm resident), have their fingerprints loaded for gate access and have a photo taken at the security office to be allowed access to the premises.*

SPECIAL REQUESTS

Please indicate any special requests regarding the following:

Food (Also complete Health Information Schedule):

Medication (Also complete Medication Schedule):

Other:

Signature of Guardian: _____

Date:

D D M M Y Y Y Y



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