



MYNGENOEGEN ENGLISH PRIVATE SCHOOL

Plot 2, Myngenoegen
P.O Box 55286
Polokwane

Tel: 015 263 6135/ 6040
Fax: 015 263 6199
mepschool@telkomsa.net
www.myngenoegen.co.za
Reg. No.: 2010036
Emis No: 0922223261

APPLICATION FOR BETTY'S DAY & NIGHT CARE CRÉCHE - 2018

SURNAME OF PUPIL: _____
FIRST NAMES: _____
APPLICATION FOR ADMISSION OF PUPIL TO GRADE _____ YEAR _____

**APPLICATIONS WILL NOT BE PROCESSED UNLESS THE DOCUMENTS REQUESTED
BELOW ARE ATTACHED**

A certified copy of the pupil's Birth Certificate / ID Document	
X2 ID Photos	
Copy of pupil's residence or study permit (if a foreign pupil)	
Copy of both parents' / guardians' ID Documents	
Up-to-date immunization / clinic card	

PARENT INFORMATION

PARENT / GUARDIAN (person responsible for fees)

Surname	_____	Relationship	_____
First Names	_____	Initials	_____
ID Number	_____	Title	_____
Occupation	_____		
Business Name	_____	Position	_____
Cell Number	_____	Marital Status	_____
Home Tel	_____	Home e-mail	_____
Work Tel	_____	Work e-mail	_____

Home Address	Postal Address	Business Address
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Signature _____ Date _____

PARENT / GUARDIAN

Surname	_____	Relationship	_____
First Names	_____	Initials	_____
ID Number	_____	Title	_____
Occupation	_____		
Business Name	_____	Position	_____
Cell Number	_____	Marital Status	_____
Home Tel	_____	Home e-mail	_____
Work Tel	_____	Work e-mail	_____

Home Address	Postal Address	Business Address
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Signature _____ Date _____

PUPIL INFORMATION

Surname _____ Gender (Male/Female) _____
First Names _____ Initials _____
Preferred name _____
ID Number _____
Date of Birth _____
Cell Number _____
Home Language _____
Religion _____
Position of child in the family 1 2 3 4 5
Number of children in family 1 2 3 4 5 other
Names of siblings at MEPS School _____
Family connection to MEPS
(state name and relationship) _____
Allergies _____
Country of origin _____
Citizenship _____
Immigrant **YES/NO** Arrival date in South Africa (if applicable) _____
Population Group _____
Contact details (relative/friend) in case of emergency _____
Would you prefer to receive monthly statements of account via e-mail? YES / NO
If yes, please supply relevant e-mail address _____
Means of transport Bus Taxi Car Hostel
Transport name _____
Transport contact details _____

MEDICAL INFORMATION

Family Doctor _____
Tel Number _____
Medical aid _____ Blood group _____
Medical aid number _____
Main member's name and surname _____

Has the pupil received all the necessary immunisation? **YES/NO** (if NO, please give details)

Has he/she suffered or does he/she suffer from any illness or disability? **YES/NO** (if YES, please give details)

Is he/she at present receiving medical treatment for any condition? **YES/NO** (if YES, please give details)

Does the pupil suffer from Asthma or allergies? **YES/NO** (if YES, please give details of the prescribed treatment)

Is he/she allergic to any drugs – eg Penicillin, Sulphadiazine? **YES/NO** (if YES, please give details)

Is the pupil on any regular medication? **YES/NO** (if YES, please give details)

Has the pupil suffered from or been treated for any psychological or emotional upset? **YES/NO** (if YES, please give details)

Please supply any other medical data
