Tel: 012 543 0518/62

E-Mail: charisschool@icon.co.za Web: www.charisschool.co.za

## **APPLICATION FORM**

Signature Father/Guardian

Surname:		
Full Names:		
Name known by:		
Date of birth:		Home language:
Age:		Number of children in family:
Gender:		Position in family (e.g 1st):
B. Previous school info	ormation	
Name of current school:		
Tel no:		
Present grade:		Has any grade been repeated:
Reason for leaving school:		
C. PARENT/GUARDIAN	I INFORMATION	
FATHER	THE CHIVIATION	MOTHER
Name:		Name:
Surname		Surname
ID no:		ID no:
Cellphone no:		Cellphone no:
Home tel no:		Home tel no:
Work tel no:		Work tel no:
E-mail address:		E-mail address:
Occupation:		Occupation:
Current Employer:		Current Employer:
Full / Part time:		Full / Part time:
Residential address:		
	Married / Separat	ed / Divorced / Widowed / Single
Marital status (please circle):		
Marital status (please circle): Religious Denomination:		

Signature Mother/Guardian