AP15 –2016

Please fill in the information and attach a copy of your medical aid membership card.

Hebron Christian Academy
Child's Details:

Names: Christian Names:	
Surname:	
Date of Birth: Y Y Y Y M M D D	Number of children in family:
ID Number:	Position:
Address:	
Postal Code:	Home Phone Number:
Allergies/ Medication/Anything the Teacher should know about:	
Should your child use an asthma pump, please send an extra pump marked with the child's name for retention at the school.	

Parents' Details:

Father's Full Name:				Mother's Full name:			
Marital Status:	single	married	divorced	Marital Status:	single	married	divorced
Address : (if different to above)				Address : (if different to above)			
Postal Code:				Postal Code:			
Church Affiliation:				Church Affiliation:			
Occupation:				Occupation:			
Work Phone Number:				Work Phone Number:			
Cell phone Number:				Cell phone Number:			
E-mail Address:				E-mail Address:			

Emergency Details:

The Name of a Relative or friend who can be contacted if we are unable to reach you:	**Doctor's / Medical Aid Details:**
	Name:
Relationship to your child:	Phone Number:
Home phone number:	Medical Aid:
Cell phone Number:	Membership Number:

Date: