

PUPIL DETAILS

First name: _____

Surname: _____

Known as: _____

Present Grade: _____

ID Number: _____

Date of Birth: _____

Home Language: _____

Eldest / only child: _____

Grades 8 – 10: Choose ONE 2nd Language:

Grade 10 Subject	Split

PLEASE PRINT IN CAPITAL LETTERS

Gender: _____

Race: _____
(for State statistics)

Religion: _____

If Catholic, Parish: _____

Immigrant: YES / NO

Date entered RSA: _____

NB: Child lives with: _____

isiZulu	Afrikaans
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ALL PREVIOUS SCHOOLS
(including pre-school)

School	Year	Grade

Grades repeated:

School achievements:

Reasons for wanting to attend HFC (completed by pupil)

Siblings at Holy Family College

Name	Grade	Date of Birth	M / F

PARENT / GUARDIAN

FATHER'S DETAILS

Surname	
First name	
ID Number	
Marital Status	
Postal Address	
Postal Code	
Street Address	
Postal Code	
Occupation	
Employer	
Years with Employer	
Employer's Address	
Postal Code	
Home phone number	
Work phone number	
Cell phone number	
Fax number	
e-mail address	

MOTHER'S DETAILS

Surname	
First name	
ID Number	
Marital Status	
Postal Address	
Postal Code	
Street Address	
Postal Code	
Occupation	
Employer	
Years with Employer	
Employer's Address	
Postal Code	
Home phone number	
Work phone number	
Cell phone number	
Fax number	
e-mail address	

GUARDIAN/SPONSOR'S DETAILS

Surname	
First name	
ID Number	
Marital Status	
Postal Address	
Postal Code	
Street Address	
Postal Code	
Occupation	
Employer	
Years with Employer	
Employer's Address	
Postal Code	
Home phone number	
Work phone number	
Cell phone number	
Fax Number	
e-mail address	

Distance from home to school: _____ km
(eg Aunt, Grandfather, Friend,

Distance from work to school: _____ km

Responsible for school fees

Father	
Mother	
Guardian	
Sponsor	
Bursary	
Other	

Status of Guardian / Sponsor

Employer)

Signature of Parent/ Guardian

Signature of person responsible for school fees

MEDICAL DETAILS

Doctor: _____

Phone Number: _____

Medical Aid: _____

Med Aid No: _____

Principal Member: _____

Allergies: _____

Chronic Illness: _____

Medication: _____

Other instructions: _____

If parent/ guardian is not available, in an emergency please call:

Surname: _____

Physical Address: _____

First name: _____

Phone: _____

Cell phone: _____

If I cannot be contacted in the event of a medical emergency, I hereby authorise HFC to act in the best interest of my child.	<p style="text-align: center;"><u>Medical Authorisation ceded to HFC</u></p> <p style="text-align: center;">(Parent/ Guardian's signature)</p>
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