

LORETO SCHOOL QUEENSWOOD

Learner Information

Surname: Preferred name:					
Full names:					
D number: Date of birth:					
Citizenship: Passport number:					
Gender: Male Female Home language:					
Permit number if applicable: Ethnic Group:					
Religious denomination: Preferred language:					
Admission date at Loreto School Queenswood: Grade applying for:					
Pre-primary education attended: Formal Informal If informal please specify:					
Previous school attended: Tel number of previous school:					
Date left previous school: Last grade attended:					
Highest Grade passed: First registration of learner in Gauteng: Yes No					
Does the learner suffer from any allergies? If so, please specify:					
Does the learner have any chronic diseases? If so, please specify:					
Is the learner on any chronic medication? If so, please specify:					
Learner resides with: Both parents Mother Guardian Other					
If guardian or other, please specify relationship (e.g. uncle, grandmother, etc.):					
Address:					
Parents deceased: Mother Father None					
Other siblings in the family attending LSQ? Yes No If yes please specify Grade:					
Is the learner on a Medical Aid? If so: Fund name:					
Number: Main member:					
Where did you hear about Loreto School Queenswood?					

Father/Legal Guardian Information

Surname:			Full names					
Initials:								
ID Number:								
Passport Nu	mber:		_					
Marital statu	IS:		_					
Occupation:								
Employer: _								
	Code	Number						
Home:								
Work:					extension:			
Cellphone:								
Fax:		7						
E-mail:						_		
Communica	tion preference: sms		E-mail					
Residential a	address:			Postal ad	ldress:			
				-				
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Mother/Legal Guardian Information

Surname: _		Full	names:	
Initials:			::	
ID Number:		Date	of birth:	
Passport Nu	mber:			
Marital statu	ıs:			
Occupation:				
	Code	Number		
Home:				
Work:				extension:
Cellphone:				
Fax:				
E-mail:				
Communicat	ion preference: sms	F	E-mail	
Residential a	ddress:		Postal add	dress:
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-				
			-	
Code:			Code:	

For office use only:							
Admission date: Admission number:							
Sport house: Ball Jolivet	Ward						
Number of children in family:							
Amounts paid:							
Amount	Date		Receipt number				
Testing				*			
Deposits		_ 1 _					
1 st Months fees		_					
Outstanding documents:							
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