



## Busy B's Pre-School

36 Platkroon Street, Onverwacht, Lephalale, 0557  
 Contact Number: 014 008 5262 Cell: 079 932 2648  
 Email: [info@busybs.co.za](mailto:info@busybs.co.za) Website: [www.busybs.co.za](http://www.busybs.co.za)  
 Company Registration Number: 2022/565030/07  
 Directors: JH Anders gJ BE Anders

LEARNER APPLICATION FORM		
ADMISSION DATE	CLASS	AGE

*For Office Use*

LEARNER INFORMATION	
SURNAME	FULL NAME
PREFERS TO BE CALLED	DATE OF BIRTH
GENDER	HOME LANGUAGE
RELIGIOUS DENOMINATION	CHILD PRESENTLY LIVING WITH
MEDICAL CONDITION	HOME DOCTOR NAME AND NUMBER
FOOD ALLERGIES	FOOD PREFERENCES
POTTY TRAINED	ABLE TO SPEAK ENGLISH
PREVIOUS SCHOOL ATTENDED	PROGRESS REPORT
OTHER	LEARNING BARRIER



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FATHER'S DETAILS /LEGAL GUARDIAN	
SURNAME	ID NUMBER
FULL NAME	EMAIL
WORK CONTACT NUMBER	CELLPHONE NUMBER
WHATSUP NUMBER	OCCUPATION AND EMPLOYER NAME
EMPLOYERS ADDRESS	PHYSICAL ADDRESS

MOTHER'S DETAILS /LEGAL GUARDIAN	
SURNAME	ID NUMBER
FULL NAME	EMAIL
WORK CONTACT NUMBER	CELLPHONE NUMBER
WHATSUP NUMBER	OCCUPATION AND EMPLOYER NAME
EMPLOYERS ADDRESS	PHYSICAL ADDRESS



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EMERGENCY CONTACT (PERSON OTHER THAN PARENTS / LEGAL GUARDIAN)	
SURNAME	ID NUMBER
FULL NAME	EMAIL
WORK CONTACT NUMBER	CELLPHONE NUMBER
WHATSUP NUMBER	OCCUPATION AND EMPLOYER NAME
EMPLOYERS ADDRESS	PHYSICAL ADDRESS

I \_\_\_\_\_, ID Number \_\_\_\_\_

the Parent/Legal Guardian of \_\_\_\_\_,

ID Number \_\_\_\_\_ have completed the application form and supplied Busy B's pre-School with the correct information and required documentation.

Signed at \_\_\_\_\_ (PLACE) on the \_\_\_\_\_ (DAY) of \_\_\_\_\_ (MONTH) 20\_\_

\_\_\_\_\_  
 Full Name and Surname Parent/Legal Guardian

\_\_\_\_\_  
 Parent / Guardian Signature

\_\_\_\_\_  
 Busy B's Principal Signature