

PERSONAL PARTICULARS

Date: _____

NAME (of pupil):

INFORMATION ABOUT PARENTS:

FATHER					MOTHER						
MARITAL STATUS: <input type="checkbox"/> married <input type="checkbox"/> divorced <input type="checkbox"/> Separated <input type="checkbox"/> single <input type="checkbox"/> Common-Law <input type="checkbox"/> Passed Away					MARITAL STATUS: <input type="checkbox"/> married <input type="checkbox"/> divorced <input type="checkbox"/> Separated <input type="checkbox"/> single <input type="checkbox"/> Common-Law <input type="checkbox"/> Passed Away						
SURNAME:					SURNAME:						
NAME:					NAME:						
(ID) NR.					(ID) NR.						
PASSPORT NR.					PASSPORT NR.						
NATIONALITY:		1.	2.	3.	4.	NATIONALITY:		1.	2.	3.	4.
OCCUPATION					OCCUPATION						
EMPLOYER					EMPLOYER						
TEL. NO. (WORK)					TEL. NO. (WORK)						
FAX NO. (WORK)					FAX NO. (WORK)						
E-MAIL NO. (WORK)					E-MAIL NO. (WORK)						
<u>RESIDENTIAL ADDRESS</u>					<u>RESIDENTIAL ADDRESS</u>						
STREET					STREET						
TOWN / POSTAL CODE					TOWN / POSTALCODE						
TEL. NO. PRIVATE					TEL. NO. PRIVATE						
CELL NO.					CELL NO.						
FAX NO. PRIV.					FAX NO. PRIV.						
E-MAIL NO.					E-MAIL NO.						
<u>POSTAL ADDRESS</u>					<u>POSTAL ADDRESS</u>						
P.O. BOX					P.O. BOX						
TOWN					TOWN						
POSTAL CODE					POSTAL CODE						

INFORMATION ABOUT PUPIL:

	<u>CHILD 1</u>				<u>CHILD 2</u>				<u>CHILD 3</u>				<u>CHILD 4</u>			
SURNAME																
NAME																
M(ALE)/F(EMALE)																
CLASS																
THE FOLLOWING AT DSJ	ρ				ρ				ρ				ρ			
TEL. NO. (HOME)																
DATE of BIRTH																
HOME LANGUAGE	1.		2.		1.		2.		1.		2.		1.		2.	
NATIONALITY	1.	2.	3.	4.	1.	2.	3.	4.	1.	2.	3.	4.	1.	2.	3.	4.

CONTACT PERSON:

NAME:

RELATIVE:

TEL. (PRIVATE):

TEL. (WORK):

TEL. (CELL):

**INFORMATIONEN ÜBER DEN GESUNDHEITZUSTAND UND ÜBER
KRANKENVERSICHERUNG FÜR KLASSENREISEN / EXKURSIONEN**

NAME des Schülers:

GEBURTSDATUM:

NAME des Schülers:

NAME(n) der Eltern oder Erziehungsberechtigten:

ADDRESS:

.....

TELEPHONE NUMBERS: (H).....

(W) (Mother).....

(W) (Father).....

(cell phone).....

MY CHILD HAS THE FOLLOWING MEDICAL CONDITION, ALLERGIES, ETC:

.....

.....

Please make sure that all appropriate medication is brought on the trip and that your child is informed about dosage, precautions, side effects, etc.

DO YOU BELONG TO ANY MEDICAL AID FUND? Yes No

Complete if applicable:

Name of Fund:

Medical aid number:

Principal member of the fund:

COMPLETE ONLY IF YOUR CHILD IS **NOT ON A MEDICAL AID**

The teachers must know whether they can take your child to a private hospital or a state hospital. Please choose one of these options by ticking the appropriate box and filling in the appropriate information :

I hereby state that my child should be taken to a private hospital (if possible and if time allows, which I realise in an emergency may not be the case), should need for hospitalisation occur. I hereby undertake to pay the hospital charges in full directly after the trip (25 – 29 May).

I hereby state that, in case my child needs to be hospitalised, he/she be taken to a state hospital.

I hereby appoint – ‘in loco parentis’ the teachers and officers in charge in the event of an emergency and medical treatment and/or surgery is deemed necessary.

As far as I know, my child is in good health.

Signed :

Date :