Hermanus Waldorf School
Postnet Suite 86, Private Bag X16, Hermanus, 7200, South Africa.
Phone 0027 28 316 2938, fax 0027 28 316 4913
Email info@hermanuswaldorf.co.za

APPLICATION FORM **CLASS APPLYING FOR** **GrR 1 2 3 4 5 6 7 KG**

DO YOU HAVE BROTHERS/SISTERS ALREADY IN HERMANUS WALDORF SCHOOL?		
FILL IN THEIR NAME, AGE AND IN WHICH CLASS THEY ARE, IN THE COLUMNS BELOW.		
NAME	AGE	CLASS

LEARNER'S DETAILS

Full Names of Learner	
Date of Birth: Gender: Race: Language:	
FATHER/GUARDIAN	**MOTHER/GUARDIAN**
Surname:	Surname:
Full names:	Full Names:
I.D. Number:	I.D.Number:
Home Address	Home Address:
Tel No: **H** **W**	Tel No:**H** **W**
Name of Employer:	Name of Employer:
Occupation:	Occupation:
Salary:	Salary:

Person responsible for Payment:	Contact No:
Next of Kin:	Contact No:
DOES YOUR CHILD/REN RECEIVE A SOCIAL GRANT? 1: Yes 2: NO ….. AMOUNT:R.....	

Why did you choose Waldorf School for your child/ren's education .....
….....
….....

THE FOLLOWING DOCUMENTATION MUST BE ATTACHED TO THIS APPLICATION FORM
1. Copy of Birth Certificate
2. Copy of Clinic Card
3. Last School Report/Progress Report
4. A recent photograph of Learner
5. Copy of Parents' I.D. Document
6. Copy of most recent pay slip.

FOR OFFICE USE ONLY:

ACCEPTED: YES/NO _____ **REASON DECLINED:_____**