

Annexure B

**BOOST
ACADEMY****WE DO SCHOOL
DIFFERENTLY****Application for Enrolment 2018**

Please complete in block capitals

LEARNER DETAILS:

Surname _____

First names _____ Preferred name _____

Date of birth (Y/M/D) ____/____/____ ID number _____

Country of birth _____ Citizenship _____

Home language _____ Religion _____

Grade of entry _____ Year of entry _____

Learner's cellphone _____

Present school _____ Previous school(s) _____

**TO BE COMPLETED BY THE PARENT OR GUARDIAN WITH WHOM THE
APPLICANT NORMALLY RESIDES:**

Home address _____

Postal code _____

Postal address _____

Postal code _____

Telephone (home) _____

Please note: it is imperative that you keep the Academy advised of any changes.

The Boost Centre (Independent School Registration No: 700 400819)**JOHANNESBURG (Head Office): 154 Athol Street, Highlands North, Johannesburg 2192 • Tel: 011 440 0328****CAPE TOWN: First Floor, The Grimley, 14 Tuin Plein, Gardens 8001 • Tel: 021 035 0430****Email: margie@boostcentre.co.za**

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**BOOST
ACADEMY**



**WE DO SCHOOL
DIFFERENTLY**

FATHER/MALE GUARDIAN

Title — Father's/Guardian's full names _____

Father's/Guardian's occupation _____

Father's/Guardian's business address (including name of employer
if applicable) _____

Contact numbers: Work _____ Fax _____

Cellphone _____ Email _____

ID/Passport _____

Marital Status: Married Divorced Widowed Deceased Separated Single

MOTHER/FEMALE GUARDIAN

Title — Mother's/Guardian's full names _____

Mother's/Guardian's occupation _____

Mother's/Guardian's business address (including name of employer
if applicable) _____

Contact numbers: Work _____ Fax _____

Cellphone _____ Email _____

ID/Passport _____

Marital Status: Married Divorced Widowed Deceased Separated Single

ADDITIONAL INFORMATION

Please supply a contact person in the case of emergency

Name _____ Relationship _____ Contact number _____

Please state how you heard about the Boost Academy (e.g. advertisement, educational
directory, member of staff, friend) _____

Please indicate any allergies and/or medication _____

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PLEASE NOTE:

1. This application for enrolment form must be accompanied by a deposit equivalent to one month's fees.
2. Copy of child's birth certificate must be provided.
3. Copy of both Parent's/Guardians' identity documents must be provided.

Dated this _____ day of _____ 20 _____

Signature of Father/Guardian _____

Signature of Mother/Guardian _____

Witness _____

OFFICE USE:

DATE OF ACCEPTANCE:

DATE OF ADMISSION: