



REG. NO. 2010/003266/08 • SNAP EDUCATION (ASSOCIATION INC UNDER SECTION 21) • PBO NO. 930035281

SNAP Academy Application Form

Section A: Applicant's Information

Student (Surname)

First Names:

Gender: M F *(Tick the applicable box)* Date of Birth:

<small>Year</small>	<small>Month</small>	<small>Day</small>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Date of Entry to SNAP Academy:

Applying for Grade:

Religious Affiliation:

First Language:

Other Languages Spoken:

Nationality: Citizenship:

If not a citizen of South Africa has he/she:

Permanent Residency Temporary Residency Diplomatic Status

Other *(Tick the applicable box)* Study Permit Required: Yes.

Section B: Parent's Information

	Parent 1	Parent 2
Relationship to student	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Surname	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
First Name/s	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Title	<input style="width: 50%;" type="text"/>	<input style="width: 50%;" type="text"/>
Marital Status	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

Home Telephone No	<input type="text"/>	<input type="text"/>
Work Telephone No	<input type="text"/>	<input type="text"/>
Facsimile No	<input type="text"/>	<input type="text"/>
Cellphone No	<input type="text"/>	<input type="text"/>
E-mail Address	<input type="text"/>	<input type="text"/>
Physical Address	<input type="text"/>	<input type="text"/>
Postal Code	<input type="text"/>	<input type="text"/>
Postal Address	<input type="text"/>	<input type="text"/>
Postal Code	<input type="text"/>	<input type="text"/>
Occupation	<input type="text"/>	<input type="text"/>
Employer's Name	<input type="text"/>	<input type="text"/>
Employer's Address	<input type="text"/>	<input type="text"/>

Section C: Applicant's Educational Data

Name of current school	<input type="text"/>	Place	<input type="text"/>
Name of Principal	<input type="text"/>	Telephone No	<input type="text"/>
Permission to request details from Principal (Signature please)	<input type="text"/>		
Other Schools attended	<input type="text"/>		
School Name 1	<input type="text"/>		
Date from	<input type="text"/>	to	<input type="text"/>
School Name 2	<input type="text"/>		
Date from	<input type="text"/>	to	<input type="text"/>

Section D: Medical information

Family doctor	<input type="text"/>	Telephone No	<input type="text"/>
Medical Scheme	<input type="text"/>	Telephone No	<input type="text"/>
Name of alternate contact person for emergencies:	<input type="text"/>		
Relationship to child	<input type="text"/>	Telephone No	<input type="text"/>

Serious allergies/medical conditions

Specify medication your child is on

Section E: Family Details – Other Siblings

Name	Position in family	Age
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Section F: Details of Person Responsible for the Account

Please note the following important information:

1. That Parent(s) are remain responsible for all monies due to the school, regardless of whether the child is sponsored by a Company or Trust, etc.
2. In the case where parents are divorced, please supply the information of the person responsible for settling the account.
3. You are liable to pay the agreed monthly fee no later than the 7th of each month, even if you do not receive an account/statement.

Name of Person responsible for the account:

As mentioned above, in case of a Trust/Sponsor, etc., provide Contact Name please:

Physical Address:

Postal Code:

Email address:

Contact Telephone No:

Contact Mobile No:

I, the undersigned, agree with the information as set out above and commit to it. I also agree to inform the school if there are any changes in our circumstances or personal information, i.e. change of address, etc.

Signature: Today's Date: