



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:

Year	Month	Day

Date of Entry to SNAP Academy:

Applying for Grade: R 1 (Tick the applicable box)

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 A: 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"/>

Member: Mrs AM Van Rijswijk | Principal | +27 (0)83 236 1766

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Tel/Fax: +27 (0)21 975 7224 • info@snap.org.za • www.snap.org.za

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 A: Applicant's Educational Data

Grade N/A

Name of current school Place

Name of Principal Telephone No

Permission to request details from Principal

Other Schools attended

School Name 1

Date from to

School Name 2

Date from to

Section D: Medical information

Family doctor Telephone No

Medical Scheme Telephone No

Name of alternate contact person for emergencies:

Relationship to child Telephone No

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: Payment of Monies

Please note that Parents are responsible for all monies to be paid to the school, regardless of whether the child is sponsored by a Company or Trust, etc.

Name of Company/Trust/Sponsor

Contact Name

Address

Postal Code

Telephone No

Facsimile No

Cellular No