Salem Preschool
7 Woltemade Street
Kabega Park
Port Elizabeth 6025
Tel: 041-3607540
E-mail: salem@wbbc.co.za

APPLICATION FOR ADMISSION

Please Note: Completion of this form is not a guarantee that your child will be accepted at Salem Preschool. An interview is also required after which acceptance will be determined

Name & Surname of Child: _____

Date of Birth: _____

Gender: _____

Home Language: _____

Who does Child stay with?: _____

Previous School: _____

Medical condition that school needs to be aware of: _____

Mothers Name: _____

Mothers's Address: _____

Tel No. (W): _____ Tel No. (H): _____ Cell No.: _____

Father's Name: _____

Father's Address: _____

Tel No. (W): _____ Tel No. (H): _____ Cell No.: _____

Mother's Email address: _____

Father's Email address: _____

Time: 12:30 _____ 15:00 _____ 17:30 _____

Meals @ R15 per day: Yes _____ No _____

(Copies of proof of address, birth certificate, clinic card and parents ID's must accompany application)

*A once off deposit of R500 and the first month's fees are required to be paid upon notification of acceptance.

Documents to be submitted with form:	**Office Only: Processing of Application**
Copy of Birth Certificate: ☐	Date of Application: _____
Copy of Clinic Card: ☐	Date of interview: _____
Copy of address: ☐	Application Successful: YES NO
Copy of parents ID's: ☐	
Passport size photo of child: ☐	Head of School Signature: _____
Deposit paid: ☐	