



AMEDEO
COLLEGE

YOU'RE ONE OF A KIND. SO ARE WE!

Application Form for Entry to Amedeo for 20

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PUPIL'S FULL DETAILS - As On Birth Certificate

Surname:
First Names:
Preferred Name:
Date of Birth: Day Month Year
Religion:
Identity Number:
Home Language:
Pupil's Nationality:
If Pupil is an Immigrant, Country of Origin:
Date Pupil Arrived in South Africa: Day Month Year
Application for Entry to: Grade In Term Year
Present School Name: Current Grade:
Date of Application to Amedeo: Day Month Year
Previous School 1:
From Year To Year
Previous School 2:
From Year To Year

ADDITIONAL DETAILS

Sibling already at Amedeo:	Child 1
	Child 2
Sibling for whom applications have been made at Amedeo:	
Child 1	Grade Year
Child 2	Grade Year
Parents Marital Status	
Medical Notes or Allergies	
Medical Details:	
Medical Aid Name:	Medical Aid Number:



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PARENT/GUARDIAN (with whom the pupil resides):

	Parent/Guardian 1:	Parent/Guardian 2:
Title:		
Surname:		
First Names:		
Identity Number:		
Relationship to pupil:		
Marital Status:		
Residential Address:		
Code		
Postal Address:		
Code		
Employer:		
Address of Employer:		
Home Phone:		
Work Phone:		
Primary Cell Number:		
Secondary Cell Number:		
Occupation:		
Primary E-mail Address:		
Secondary E-mail Address:		

EMERGENCY CONTACT PERSON (with whom pupil does NOT reside)

- *In the case of an emergency and parents/guardians are unavailable*

Surname:	
First Names:	
Relationship to pupil:	
Cell Number:	
Work/Home Phone:	