



Cedarwood School

113-117 Dunmaglass Road, Glenferness
PO Box 812, Witkoppen, 2068
Telephone: (011) 465 9830, (011) 467 4889, (011) 467 4657
Fax to Email: 086 654 9727
E-mail: admin@cedarwoodschool.co.za
www.cedarwoodschool.co.za

APPLICATION FOR ENROLMENT

An application in itself does not guarantee placement at the school

Date of application: _____

Requested date for admittance ____ / ____ / _____ into grade ____ .

Name of Child: _____ Date of Birth: _____

Present School: _____ Present Grade: _____

Please forward to us the following COMPULSORY documents:

- ✓ **A copy of your child's latest Educational Psychologist Assessment (not older than 2 years)**
- ✓ **A Certified copy of your child's Birth Certificate**
- ✓ **Certified Copies of both parents' ID documents for Credit Bureau Check**
- ✓ **Latest school reports for two terms**
- ✓ **Financial Clearance Certificate from current school**

To Fax to Email: 086 654 9727 OR
E-mail: admin@cedarwoodschool.co.za

Please take note of the following fees that need to be paid:

- **R 500-00 APPLICATION FEE** required on application (non-refundable)

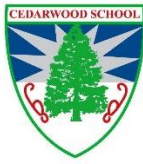
Cash/Chq/EFT Date: ____ / ____ / _____

- **R 1500-00 TRIAL FEE** only once dates are confirmed (non-refundable)

Cash/Chq/EFT Date: ____ / ____ / _____

BANKING DETAILS

Account Name: Cedarwood School
Bank: Nedbank
Account Number: 1522 085 882
Branch Code: 152205
Reference: *Child's name & surname Enrolment*

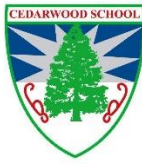


PARENT INFORMATION: Mother/Sponsor/Guardian

| | | |
|---------------------|--------|----------------|
| Name | | |
| Contact details | Cell | |
| | E-mail | |
| | Home | |
| | Work | |
| Postal address | | ----- ----- |
| Physical address | | ----- ----- |
| Occupation | | |
| Place of employment | | |

PARENT INFORMATION: Father/Sponsor/Guardian

| | | |
|---------------------|--------|----------------|
| Name | | |
| Contact details | Cell | |
| | E-mail | |
| | Home | |
| | Work | |
| Postal address | | ----- ----- |
| Physical address | | ----- ----- |
| Occupation | | |
| Place of employment | | |



CREDIT CHECKS

Mother/Sponsor/Guardian

ID number: _____

I, _____, hereby agree to a credit check and acknowledge that this enrolment application is subject to such a credit check. This information will be treated as confidential and will only be made available to the Finance Office (attach copy of ID).

Signature: _____

Father/Sponsor/Guardian

ID number: _____

I, _____, hereby agree to a credit check and acknowledge that this enrolment application is subject to such a credit check. This information will be treated as confidential and will only be made available to the Finance Office (attach copy of ID).

Signature: _____

| FOR OFFICE USE ONLY | |
|---------------------|--|
| DATE | |
| CLEAR | |
| AUTHORISED | |

