



## Enrolment Form

### Section C: Parents / Guardian Details (for enrolling multiple siblings)

**Parent / Guardian 1**

**Parent / Guardian 2**

Name:	.....	.....
Relationship:	.....	.....
ID Number:	.....	.....
Residential Address:	.....	.....
Postal Address:	.....	.....
Cell Number:	.....	.....
Home Number:	.....	.....
Work Number:	.....	.....
Email:	.....	.....
To be used for Billing?	Y/N (circle your choice)	Y/N (circle your choice)
Name of Employer:	.....	.....
Occupation:	.....	.....
Work Address:	.....	.....
Employer contact number:	.....	.....
Employer email address:	.....	.....

Signed: \_\_\_\_\_ Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
*Parent/Guardian 1* *Parent-Guardian 2*