

Please type in the information and attach a copy of your medical aid membership card.

HEBRON CHRISTIAN ACADEMY- PERSONAL DETAILS FORM							AP15-02/22
LEARNER'S DETAILS						DATE:	
First names:				Home language:			
Surname :			Grade:		Gender: M / F		
ID Number:	Date of birth: Y/		M/		D/		
Address:							
Postal code:		Number of children in family:			Position:		
Race: (Required by WCED for Stats) ✓		African/ Black	Coloured	Indian	White	Asian	Other
Allergies/medication/ information the educator should know about: (state below)							
Should your child use an asthma pump, please send an extra pump clearly marked to keep at school							
PARENTS' DETAILS							
FATHER'S DETAILS:							
Father's full names:							
Marital Status: ✓		Single	Married	Divorced	Spouse deceased		
Address (if different to above):							
						Postal code:	
Race: (Required by WCED for Stats) ✓		African/ Black	Coloured	Indian	White	Asian	Other
Occupation:							
Work phone number:				Cell phone number:			
Email Address:							
Church affiliation:							
MOTHER'S DETAILS							
Mother's full names:							
Marital Status: ✓		Single	Married	Divorced	Spouse deceased		
Address (if different to above):							
						Postal code:	
Race: (Required by WCED for Stats) ✓		African/ Black	Coloured	Indian	White	Asian	Other
Occupation:							
Work phone number:				Cell phone number:			
Email Address:							
Church affiliation:							
EMERGENCY DETAILS							
Name of person other than yourself or spouse:							
Relationship to your child:				Contact number:			
Name of doctor:							
Telephone number of doctor:							
Medical aid:				Membership number:			