



PARTICULARS OF CHILD FORM

Application date:			Admission date:		
Surname:			Full names:		
Preferred name:			Date of birth (yy/mm/dd)		
ID Number:			Citizenship:		
Gender:			Home Language		
Present School:			Present Grade		
Dexterity	Right handed	Left handed	Siblings at Riverview	No	Yes
Sibling name:			Sibling date of birth (yy/mm/dd):		
Sibling name:			Sibling date of birth (yy/mm/dd):		

FAMILY DETAILS					
MOTHER/GUARDIAN 1			FATHER/GUARDIAN 2		
Surname:			Surname:		
Name:			Name:		
ID number:			ID number:		
Home Language:			Home Language:		
Residential address:			Residential address:		
Postal address:			Postal address:		
Cell number:			Cell number:		
Work number:			Work number:		
Email:			Email:		
Employer:			Employer:		
Occupation:			Occupation:		
Religion:			Religion:		
Past pupil:	Yes	No	Past pupil:	Yes	No