



Application for Enrolment Grade 0000 - 11

Reg No: 1995/009710/08

Central Admissions Office: PO Box 31065, Kyalami, 1684
Address: Unit 1, Beaulieu Office Park, Cnr Stallion and Papenfus Road, Beaulieu Estate.
Email: admissions@kyalamischools.org **Tel:** 010 591 5004

THE FOLLOWING DOCUMENTS MUST ACCOMPANY THE APPLICATION FORM:

- A copy of the pupil's latest school report (Not applicable for pupils entering into grade 0000 - 0)
- A copy of the pupil's birth certificate
- Proof of residence (Municipal rates account or levies account)
- Proof of payment of the application fee of R500.00 to be paid into the following bank account:
Banking details: Kyalami Schools NPC, ABSA Bank, Branch: Fourways, Branch Code: 632005, Account No: 4113956041
- Application form must be signed by both parents/guardians and be emailed to admissions@kyalamischools.org

NB!! NO APPLICATION WILL BE PROCESSED WITHOUT PROOF OF PAYMENT OF THE APPLICATION FEE

CAMPUS CHOICE: (Indicate your preferred campus of enrolment with a **)	<input type="checkbox"/>	Beaulieu Nursery School (BeNS) Grade 0000 - 0
	<input type="checkbox"/>	Beaulieu Preparatory School Grade 1 - 7
	<input type="checkbox"/>	Kyalami Prep Nursery School (KPNS) Grade 0000 - 0
	<input type="checkbox"/>	Kyalami Preparatory School Grade 1 - 7
	<input type="checkbox"/>	Beaulieu College Grade 8 - 11

PUPIL'S NAME & SURNAME:	<input type="text"/>	<input type="text"/>	<input type="text"/>
PARENT'S NAME & SURNAME:	<input type="text"/>	<input type="text"/>	<input type="text"/>
CONTACT NO'S:	<input type="text"/>	<input type="text"/>	
GRADE APPLICATION:	GRADE: <input type="text"/>	YEAR	<input type="text"/>
FAMILY DOCTOR: <input type="text"/>	CONTACT NO:	<input type="text"/>	
MEDICAL AID NAME: <input type="text"/>	NUMBER:	<input type="text"/>	
MAIN MEMBER: <input type="text"/>	ID NO:	<input type="text"/>	
WHERE DID YOU HEAR ABOUT US?	<input type="checkbox"/> MAGAZINE	<input type="checkbox"/> SOCIAL MEDIA	
	<input type="checkbox"/> BILLBOARD	<input type="checkbox"/> CURRENT PARENT	
	<input type="checkbox"/> WORD OF MOUTH	<input type="checkbox"/> REFERRAL	
REFERRAL DISCOUNT PROGRAMME			
REFERRING FAMILY NAME AND SURNAME:	<input type="text"/>		
FAMILY ACCOUNT CODE: <input type="text"/>	CAMPUS:	<input type="text"/>	

