

SOCIETÀ DANTE ALIGHIERI

PIETERMARITZBURG



ITALIAN HOLIDAY SCHOOL

SOCIETÀ DANTE ALIGHIERI

21 Alice Grange Rd - Scottsville P.O. Box 11275 - Dorpspruit 3206

Phone: 033-346 0955 Cell: 083-4826032

Email: ladante@dantepietermaritzburg.com

ENROLMENT FORM -	· Kındly fill and sign	this form and pl	lease send it to l	adante@dantepiel	ermaritzburg.com

STUDENT DETAILS						
First Name of Child:		Last Name:				
Date of Birth:		Gender:	Grade:			
School attending:		Venue:				
Siblings:		Sibling Age/s:				
Home address:		Home language:				
Father's name:	Mobile:	Father's ID n.:				
Mother's name:	Mobile:	Mother's ID n.:				
Family email address:		Emergency contact:				
Person responsible for payment		Email address for invoice:				
Person responsible for payment I	D n.:					
How	did you hear about us?	☐ Child Mag ☐ Internet ☐ Fr	riend □ School			
	COLLECTIO	ON OF CHILDREN				
Children will only be picked up by persons named below:						
1. Name	_ mobile:	2. Name	mobile:			
	HEAL	TH RECORD				
Is there any health	Is there any health or medical condition that requires the attention of teacher? If yes, please provide details.					
Food/drink allergies:	Family doctor:	Teleph	Telephone number:			
Are there any issues of concern tha	t we should be made aware of?		_			
Si	gnature		Date			

SOCIETÀ DANTE ALIGHIERI LETS YOU TALK TO THE WORLD

www.dantepietermaritzburg.com

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