

# INFORMATION FORM

## LEARNER INFORMATION

SURNAME: \_\_\_\_\_  
FULL NAMES: \_\_\_\_\_  
ID NUMBER: \_\_\_\_\_  
BIRTH DATE: \_\_\_\_\_  
GENDER: \_\_\_\_\_  
ALLERGIES: \_\_\_\_\_  
MEDICAL AID NAME: \_\_\_\_\_  
MEDICAL AID NUMBER: \_\_\_\_\_  
PLAN OF MEDICAL AID: \_\_\_\_\_  
CONTACT PERSON IF PARENT/GUARDIAN NOT AVAILABLE: \_\_\_\_\_  
TEL/CELL OF CONTACT PERSON: \_\_\_\_\_

### **PLEASE ATTACH COPIES OF:**

- A) MEDICAL AID CARD
- B) ID OR BIRTH CERTIFICATE
- C) ID OF PARENTS

## PARENT/GUARDIAN INFORMATION

FATHER SURNAME: \_\_\_\_\_  
FULL NAMES: \_\_\_\_\_  
ID NUMBER: \_\_\_\_\_  
OCCUPATION: \_\_\_\_\_  
TEL/CELL: \_\_\_\_\_  
RESIDENTIAL ADDRESS: \_\_\_\_\_  
POSTAL ADDRESS: \_\_\_\_\_  
EMPLOYER: \_\_\_\_\_  
ADDRESS OF EMPLOYER: \_\_\_\_\_  
TEL (W) \_\_\_\_\_  
MARITAL STATUS: \_\_\_\_\_

MOTHER SURNAME: \_\_\_\_\_  
FULL NAMES: \_\_\_\_\_  
ID NUMBER: \_\_\_\_\_  
OCCUPATION: \_\_\_\_\_  
TEL/CELL: \_\_\_\_\_  
RESIDENTIAL ADDRESS: \_\_\_\_\_  
POSTAL ADDRESS: \_\_\_\_\_  
EMPLOYER: \_\_\_\_\_  
ADDRESS OF EMPLOYER: \_\_\_\_\_  
TEL (W) \_\_\_\_\_  
MARITAL STATUS: \_\_\_\_\_