

PIXIE WONDERLAND 35 Bergvliet Rd, Bergvliet, 7945 Tel:+27 (0)21 7121309 Fax: +27(0)21 7121309 Email: info.pixiewonderland@gmail.com	Please attach a photo of your child in this box
APPLICATION FOR ADMISSION	
Name of Child: (First and Surname as it appears on Birth Certificate)	
Nickname:	
Date of Birth: DD/MM/YY	
ID Number	
Year applying for entry:	Year of Entry to Grade One: (in the year they turn 7)
Proposed Primary School	
Nationality :	Religion:
Home Language	Place in family
Name of current Playschool	

PARENT/GUARDIAN DETAILS		
	FATHER.	MOTHER:
Surname		
First Names		
ID Number:		
Residential address:		
	Code:	Code:
Home Telephone no.		
Work Telephone no.		
Cell Phone no.		
Email address:		