Randpark Christian Academy (PTY) Ltd

Registration Form 2026

Date		Starting Date Required	

Child's Details

Child's name & Surname			
Date of Birth			
Gender		Language	
Nationality		Religion	
Physical Address			
Postal Address			
Name of previous school			

Background Details

Does your child have any of the following:

Vision problems Please explain	
Hearing problems Please explain	
Speech problems Please explain	

Do you have any concerns about any aspect of your child's development? Please attach all developmental reports.

Does your child have any health problems we should be aware of? Please explain

Has your child had any serious accidents or operations? (Explain)

Does your child have any allergies? If so, please describe

Is anyone in the family allergic to bees?

Has your child ever been stung?		Reaction?	

Does your child take any regular medicine?

Any other concerns | Habits | Emotional | Physical Needs | Fears

Please sign below: **Date:**

Mother: Father: Guardian:

Attach copy of forms please:			
Mothers ID		Account Structure	
Fathers ID		Indemnity Form	
Child's Birth Certificate		POPI Consent form	
Clinic Card		Medical Aid Card	

Starting date	
Class Allocation	