



Mbalenhle Christian Academy

"Committed to Quality Education"

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REGISTRATION FORM

A. STUDENT DETAILS

NAME: _____ GENDER _____

DATE OF BIRTH: _____ I.D NUMBER _____

POSTAL ADDRESS: _____

PHYSICAL ADDRESS: _____

NAME OF PREVIOUS SCHOOL: _____

NATIONALITY: _____

CLASS APPLIED FOR: _____

DO YOU HAVE ANY CONDITION THAT THE SCHOOL NEEDS TO BE AWARE OF, e.g. ASTHMA OR DISABILITY?

B. DETAILS OF PARENTS OR GUARDIAN

NAME: _____

RESIDENTIAL ADDRESS: _____

POSTAL ADDRESS: _____

TEL HOME: _____ WORK: _____ CELL: _____ EMAIL _____

C. ACCOMODATION

WILL YOU BE A DAY SCHOLAR OR A BOARDER? (PLEASE CIRCLE)

D. PARENT/ GUARDIAN DECLARATION

I _____ the undersigned, hereby certify that all the above information is true and I shall stay true to my financial and support to the school.