



WHITE RIVER PRIMARY SCHOOL LAERSKOOL WITRIVIER

✉ 276
Witrivier / White River 1240
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📠 (013) 750 1064
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NASORG TOELATINGSVORM VIR 2024 AFTERCARE ADMISSION FORM 2024

Accounts: debtors@laerskoolwitrivier.co.za

Rekeningnommer / Account number: Q _____

Gr 1 - 7: Volle maand @ R1070 + R1070 DEPOSITO PER LEERDER oor 10 maande (Jan-Okt)
Full month @ R1070 + R1070 DEPOSIT PER LEARNER over 10 months (Jan-Oct)

Naam van leerling(e) / Name of pupil(s):

_____ Gr : _____
_____ Gr : _____
_____ Gr : _____

Naam en Van van ouers / Name and Surname of parents:

Pa / Father: _____

Ma / Mother: _____

Posadres / Postal Address

Woonadres / Residential Address

Besonderhede Ma / Details Mother

Besonderhede Pa / Details Father

Tel Work:

Tel Werk:

Sel / Cell:

Sel / Cell:

email:

e-pos:

Doctor / Dokter (Tel Nr)

Mediesefonds / Medical Aid

Med/Fonds No / Med/Aid Nr

Ander kontakpersoon / Another Person to contact - Tel:

Aktiwiteite na skool / Activities after school

Handtekening/Signature _____ Datum/Date _____