

**BOKAMOSO**  
PRIVATE PRIMARY SCHOOL



LIVE WITHOUT LIMITS

# APPLICATION FORM AFTER CARE

## LEARNER DETAILS

Surname:
First Name/s:
Preferred Name:
Grade Attending:
Allergies or Medical Alerts (if any):
Medical Aid:
Members Number:
Doctors Name:
Doctors telephone number:

## PARENT/S, GAURDIAN, OR PERSON/S OF LEARNER

Mother Contact Details:
Father Contact Details:

The emergency contact should be a family member or friend that we can contact if we are unable to locate the learners' parents.

Emergency Contact Name and Number:
Relationship to learner:

## AFTER SCHOOL FEES

LEVEL	MONTHLY
Grade R-7	R 500.00

### **Please note:**

After school fees are payable strictly in advance.

### **Bank details:**

Account Holder: L Strauss

Account Number: 2046464709

Bank: Capitec – Savings account

**NB!** Proof of payment to: [admin@bokamosoprivateprimary.co.za](mailto:admin@bokamosoprivateprimary.co.za)

Reference on payment: **Learner initial, surname, and grade**