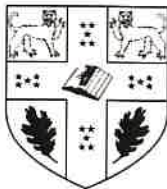


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SILVER OAKS INTERNATIONAL
PRIVATE SCHOOL
Cambridge Center nr ZA 023
Reg nr 700400990

Year: _____

Particulars of student: (Copy of ID or birth certificate required)

Surname: _____
Full name: _____
Home language: _____
Date of birth: _____
Place of birth: _____
Previous school: _____
Grade passed: _____
Reason for leaving previous school _____
Health: _____

Particulars of parents / guardian

(Copy of ID or Passport required)

Marital status : Married _____ Divorced _____ Single _____
Widow/er _____ Separated _____

Father

Mother

Surname:	_____	_____
Name:	_____	_____
ID number/	_____	_____
Passport number:	_____	_____
Occupation:	_____	_____
Company:	_____	_____
address	_____	_____
Tel no. (w)	_____	_____
Tel no. (h)	_____	_____
Cell no:	_____	_____
Address	_____	_____
(Home)	_____	_____
E-Mail Address:	_____	_____

The results of the entrance examination will determine whether admission is granted.

Admission granted: Yes _____ No _____ Principal signature _____

I, _____ accept all the conditions as laid down in the Rules of Admission of SILVER OAKS INTERNATIONAL.

Parent / Guardian Signature _____

Date: _____