LE-AMEN PRIVATE SCHOOL

S9 FORM

''Train up a child in the way he/she should go''

Name of applicant:	
Grade:	
Year:	
D-Number:	

Please complete the following form and return it to Le-Amen

We,

_____

(Full names and surnames of BOTH parents/ legal guardians) of

_____

(Full name and surname of learner)

- Confirm that we are aware and agree with all the details and requirements stipulated in the manual.
- We are also aware that failure to meet these regulations, it will result in strict steps being taken by the school.
- Le-Amen Private School reserves the right of admission and if necessary, after careful consideration and consultation, may ask a learner to leave the school at any time.

	Parent / Guardian 1	**Parent / Guardian 2**
Name and surname		
Identity number		
Date		
Signature		