



KAT RIVER VALLEY PREPARATORY SCHOOL

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"Learning to Love to Learn"

Dear Parents/Guardians

General Information:

Please enter the information below accurately.

Child's Name & Surname: _____ Grade: _____

Parent / Guardian Name: _____

Parent / Guardian Email Address: _____

Parent / Guardian cell phone: _____ or _____

Please indicate any Allergies or medical conditions below:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Emergency Contact Information:

Emergency Contact: _____

Emergency Contact Relation to child: _____

Emergency Contact number (always available): _____

Sincerely,

Date: _____

Mr W van Vuuren
Principal