



STUDENT REGISTRATION FORM

Please complete all required fields. This PDF can be typed into or printed.

APPLICANT DETAILS

Surname *

Forename(s) *

Date of birth (DD/MM/YYYY) *

National ID / Birth certificate number

Home address *

Current nursery / daycare (if any)

Religion (optional)

PASSPORT PHOTO

Attach after printing

ENTRY LEVEL

Select one requested entry level.

☐ The Wonder Class (3 to 4 years, ECD A)

☐ The Shapers Class (4 to 5 years, ECD B)

Does the child have an up-to-date immunisation / clinic card?

☐ Yes — a copy is attached

☐ No

LEARNER INTERESTS AND SUPPORT

Interests, routines and anything that helps your child settle (optional)

Relevant health conditions, allergies, medication, disability or learning-support needs (write 'None' if not applicable) *

Please provide only information needed for the learner's safety, support and education. If the child has a food allergy or intolerance, written documentation from a medical practitioner or healthcare professional about the condition and dietary/care needs must also be provided. See the Privacy Notice on page 2.



LITTLE LEARNERS PRESCHOOL

773 Sandton Park, Zvimba RDC, Sandton, Zimbabwe | 078 090 4170
littlelearnerszrdc@gmail.com | school-website-portal-black.vercel.app

PARENT / GUARDIAN INFORMATION

Parent / guardian 1 - full name *

Relationship to learner *

Occupation

Employer

Phone number *

Email address

Physical address *

Parent / guardian 2 - full name (optional)

Relationship to learner

Occupation

Employer

Phone number

Email address

Physical address

EMERGENCY CONTACT

Full name *

Phone number *

Relationship to learner *

Alternative phone / email

DECLARATION AND CONSENT

I confirm that the information supplied is complete and accurate to the best of my knowledge. I understand that the school will use it to assess and administer this application, support the learner, communicate with the family, and maintain required school records. I have read the school's Privacy Notice at school-website-portal-black.vercel.app/privacy.html. I will inform the school when important information changes.

☐ I agree to the declaration and processing described above.

Parent / guardian full name *

Date (DD/MM/YYYY) *

Signature (sign after printing, if required)

SUBMISSION CHECKLIST

☐ Completed registration form

☐ Copy of immunisation / clinic card

☐ Passport-size photograph

☐ Any other relevant medical or learning-support documents

☐ Copy of learner's birth certificate / ID

☐ Most recent nursery report (where applicable)

☐ Medical documentation for any food allergy or intolerance