

Take a photo and send to wiseowls.academysa@gmail.com or WhatsApp to 0720291470

Registration Form Wise Owls Academy Aftercare

Aftercare Student Details			
Name & Surname of Child		Grade	
Date of Birth		Address:	
Allergies			
Home Language			
School Attending			
#1 Parent or person responsible for account			
Name & Surname		Address:	
Date of Birth			
ID number			
Occupation			
Email			
#2 Parent			
Name & Surname		Address:	
Date of Birth			
ID number			
Occupation			
Email			
Medical Aid			
Medical Aid plan		Medical Aid nr	
Main Member			

Signature _____

Date: _____