# BTC Student Intake Form 2026

| **Student Details** | | |
|---|---|---|
| Child Name: | Age: | Grade: |
| Birthday: | ID no: | |

| Emergency Contact Details: | | | |
|---|---|---|---|
| 1 | Name: | Cell no: | Email: |
| 2 | Name: | Cell no: | Email: |

| Parent/ Guardian Details | | |
|---|---|---|
| 1. | Name: | ID no: |
| | Cell no: | Email: |
| | Physical Address: | |
| | | |
| | | |
| | | |

| Parent/ Guardian Details | | |
|---|---|---|
| 2. | Name: | **ID no:** |
| | **Cell no:** | **Email:** |
| | Physical Address: | |
| | | |
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| | | |

| Allergies: | Dr: |
|---|---|
| | Dr no: |
| | Medical Aid: |
| Chronic Medication: | Member Number: |
| | |
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| Does your child experience any **LEARNING BARRIERS**? | YES | NO |
|---|---|---|
| If YES please elaborate: | | |
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| | | |

| Has your child been **EVALUATED** by an Educational Psychologist, Occupational Therapist, etc. ? | YES | NO |
|---|---|---|
| If YES please elaborate: | | |
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| Has your child received **CONCESSION**? | YES | NO |
|---|---|---|
| If YES please elaborate: | | |
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