

Information Verification Form

Name: **Class:** **CEMIS:**

Name		Gender	
Surname		Citizenship	
Date of Birth		Home Language	
ID Number		Resides With	
Medical Aid		Medical & LSEN	
Doctor & Telephone			
House			
Religion			
Race			
Bursary			
Mobile			

Family Salutation:

Children	Family Physical Address:	Send correspondence via post to:

Parent / Guardian 1 [.]		Relationship	
Title		Home	
Firstname		Work	
Surname		Mobile	SMS: [.]
ID Number		Email	Email: [.]
Occupation		Physical Address	
Employer		Postal Address	

Parent / Guardian 2 [.]		Relationship	
Title		Home	
Firstname		Work	
Surname		Mobile	SMS: [.]
ID Number		Email	Email: [.]
Occupation		Physical Address	
Employer		Postal Address	

Parent / Guardian 3 [.]		Relationship	
Title		Home	
Firstname		Work	
Surname		Mobile	SMS: [.]
ID Number		Email	Email: [.]
Occupation		Physical Address	
Employer		Postal Address	