



Gestig 1855 Founded

GREY KOLLEGE SEKONDÊR COLLEGE SECONDARY

A SOUTH AFRICAN PARALLEL MEDIUM SCHOOL FOR BOYS

'N SUID-AFRIKAANSE PARALLELMEDIUMSKOOL VIR SEUNS

KOSHUIS MEDIESE VORM HOSTEL MEDICAL FORM

BOY
ID PHOTO
SEUN
ID FOTO

Voltooi asseblief volledig in netjiese skrif / Please complete every detail

LEERLING / SCHOLAR: VAN / SURNAME _____

VOORNAME / FIRST NAMES _____

LEERLING I.D. No. / SCHOLAR I.D. No _____

Naam van **Aptek** in **Bloemfontein** waar u 'n **REKENING** het / Name of **Chemist** in **Bloemfontein**
where you hold an **ACCOUNT**: _____

U (seun) se **APTEEK REKENING** nommer/ **CHEMIST** account number: _____

MEDIESE FONDS - BESONDERHEDE / MEDICAL SCHEME - DETAILS:

HOOFID naam en van / Name and surname of **MAIN MEMBER** _____

Naam van **Mediese Fonds** / Name of **Medical Scheme** _____

Mediese **Fonds** nommer / Medical **Scheme** Nr. _____

Mediese **Fonds** opsie / Medical **Scheme** option _____

Afhanklikheid-kode van kind / **Dependent code** child _____

OUER (VADER) / VOOG VAN SEUN / PARENT (FATHER) / GUARDIAN OF BOY:

Titel / Title _____ Verwantskap tot seun / Relationship to boy: _____

Van / Surname _____ Voorname / First names _____

I.D. Nr. _____ Geboortedatum / Date of Birth _____

Volledige Posadres + Poskode / Full Postal Address + Postal Code _____

Woonadres / Residential address _____

Tel. (H) _____ Tel. (W) _____ Tel. (cell) _____

Beroep / Occupation _____



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EGGENOTE / EGGENOOT / MOEDER / SPOUSE / MOTHER / VOOG / GUARDIAN:

Van / Surname _____ Voorname / First names _____

I.D. Nr. _____ Geboortedatum / Date of Birth _____

Volledige Posadres + Poskode / Full Postal Address + Postal Code _____

Woonadres / Residential address _____

Tel. (H) _____ Tel. (W) _____ Tel. (cell) _____

Beroep / Occupation _____

INDIEN ONS OUERS / VOOGDE IN DIE HANDE KRY NIE / IF WE ARE UNABLE TO GET HOLD OF PARENTS / GUARDIANS:

NAASBESTAANDE / Familie of Vriend (Nie een van die ouers nie)

RELATIVE / Friend or family member (Not one of the parents)

of indien van toepassing MAATSKAPLIKE WERKER / or if relevant SOCIAL WORKER details:

Titel / Title _____

Van / Surname _____

Voorname / First names _____

Volledige Posadres + Poskode / Full Postal Address + Postal Code _____

Woonadres / Residential address _____

E-Pos / E-mail _____

Tel. (H) _____ Tel. (W) _____ Tel. (cell) _____

Verwantskap tot seun / Relationship to child _____



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VOLLEDIGE BESONDERHEDE VAN SEUN / DETAILS OF CHILD:

Van / Surname _____

Noemnaam / Nickname _____

I.D. / I.D. Number _____

Geboortedatum / Date of Birth _____

Volledige Posadres + Poskode / Full Postal Address + Postal Code _____

Woonadres / Residential address _____

SEUN se selfoonnommer / Child's mobile phone number _____

Allergieë / Allergies _____

Siektes soos asma / epilepsie / diabetes, ens./ Diseases such as asthma / epilepsy / diabetes, etc.

Medikasie (Neem u kind enige kroniese medikasie? Hoe gereeld en wanneer?) / Medication (Does your child take any chronic medication? How often and when does he need to take it?)

Addisionele inligting i.v.m. u seun se mediese toestand of spesiale versorging /

Additional information regarding the child's medical condition or special needs.



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BELANGRIK / IMPORTANT

Indien u nie oor 'n Mediese fonds beskik nie of slegs 'n hospitaalplan het, spesifiseer asb. u reëlins t.o.v. u seun se behandeling as 'n privaat- / staats pasiënt:

If you *only* have a hospital plan or don't have a any Medical Aid, kindly specify your arrangements for the child's treatment as a private / government / other patient:

Name of doctor: _____ Tel _____
Naam van dokter

Name of hospital: _____ Tel _____
Naam van hospitaal

OPMERKINGS IVM MEDIESE VERSORGING / COMMENTS ABOUT MEDICAL TREATMENT:

HANDTEKENING VAN 'N OUER / VOOG / SIGNATURE OF A PARENT / GUARDIAN