



Please complete:

Date: _____

Registration/Resident Child

Erf no:

System ID:

Surname:

Full names:

Nickname:

Gender:

ID:

Eldopark
Street address:

Cell:

School

System ID:

Surname:

Full names:

Nickname:

Gender:

ID:

Cell:

School

I agree to abide by the MOI rules and regulations of Eldopark.

During the processing of your personal information, we will comply with the Protection of Personal Data Act (POPI Act). Your privacy rights will be protected.