

Raasbekkies Transport services



Hoewe 169 Elandsdrift

014 574 3312/082 762 4169

jani.raasbekkies@gmail.com

www.raasbekkies.info



VAN EN VOLLE NAAM VAN KIND

VAN EN NAAM VAN OUERS/VOOGDE

OUDERDOM VAN KIND

GEBOORTEDATUM

GESLAG

OUDSTE IN SKOOL

ADRES: _____

KODE: _____

TEL.HUIS: _____

SEL. NR.: _____

TEL.MOEDER: _____

TEL.VADER: _____

HUISTAAL: _____

ENIGE ALLERGIEË(BV. BYSTEEK ENS.) _____

NAAM EN TEL. NR. VAN DOKTER IN GEVAL VAN NOOD: _____

NAAM VAN PERSOON WAT KIND KOM AFHAAL: _____

NOOD KONTAK PERSOON NAAM EN NOMMER: _____

REGISTRASIE VAN R150 MET INDIENING VAN INSKRYWINGSVORMS

NO TRANSPORT DURING HOLIDAYS.

Transport costs R400 PER Month, R200 Morning, R200 Afternoon

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Surname and full name of child:

Surname and names of parents/ guardians:

Age of child:

Birthdate:

Boy/girl:

Oldest in school:

ADRESS: _____

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CODE: _____

TEL.HOUSE: _____

CELL. NR.: _____

TEL.MOTHER: _____

TEL.FATHER: _____

HOMELANGUAGE: _____

ANY ALLERGIES: _____

NAME AND TEL NUMBER OF DOCTOR INCASE OF
EMERGENCY: _____

MEDICAL AID: _____

NAME OF PERSON WHO COLLECTS CHILD: _____

NAME AND NUMBER FOR PERSON IN CASE OF
EMERGENCY: _____

REGISTRATION OF R150 MUST BE HANDED IN WHEN FORM IS COMPLETE.

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