

To be completed by MSP office

Amount Paid	Teacher	Lesson Day	Violin Number

Mangaung String Programme Registration

Pupil's Name						
Pupil's age		Pupil's grade		Pupil's sex	M	F
Parent's name						
Parent's contact phone number						
Parent's e-mail address						
Street address of pupil						
Area						
School name						
Medical aid		Medical aid scheme				
Main member of medical aid		Pupil's medical aid number				
Person responsible for payment of fee						
Work address						
Work phone number						

Accompanying documents:

- Certified parent's identity document
- Certified proof of residence
- Pupil's school report
- Pupil's certified birth certificate

X

Parent's signature

X

Date