

NORTHCLIFF HIGH SCHOOL

Telephone: 011 476-1544 Fax: 011 476-2585

UPDATE OF PERSONAL DETAILS

| CHILD'S NAME: | GRADE (2011) |
|--|--|
| (First name and surname) | |
| DETAILS OF PERSON RESPONSIBL | E FOR PAYMENT OF ACCOUNT: |
| SURNAME (Mr/Mrs/Prof/Dr) | INITIAL(S) |
| TELEPHONE: Home: | Work : |
| Cell: | I.D. : |
| POSTAL ADDRESS: | CODE: |
| RESIDENTIAL ADDRESS: | |
| | CODE: |
| | emergencies (other than parent) writing of any changes. |
| SMS Communication System | |
| | ommunication system to alert parents of notices regarding school evenings, meetings, sports fixtures etc. We also rely on the SMS ent of an emergency. |
| Please indicate the number(s) which yo | u would like the school to use for SMS communication. |
| Mother Cell No: | E-mail: |
| Father Cell No: | E-mail: |
| Guardian Cell No: | E-mail: |