

TWINKLE TOE LEARNER PROFILE

Section A: Learner details:

Surname of learner: _____ Number of children in family: _____

Full names of learner: _____ Position in the family: (e.g. First) _____

Gender: _____ Name by which learner is called: _____

Date of birth: _____ Home language: _____

Foster care Adopted Orphan Legal Guardianship Authority

(Use "X" to mark where applicable)

Section B: Details of home doctor:




Do you have a Medical Aid: Yes No

Name of Medical Aid: _____ Medical Aid Nr: _____

Name of doctor: _____ Telephone number of doctor: _____

Address of doctor: _____

Section C: Details of Parents/Guardians:

Parents/Guardians (Relationship to learner)	Father/Guardian	Mother/Guardian
Name and Surname		
Marital Status		
Occupation (please specify)		
Name of Employer		
Id. Number		
Physical Address		
		
Postal Address		
		
Contact telephone numbers	Home:	Home:
	Work:	Work:
	Cell:	Cell:
E-Mail Address:		

Section D: Next of kin/friend/relative's details: (In case of emergency)

Surname and name: _____

Relationship to learner: _____

Contact telephone numbers: Home: _____

Work: _____

Cell: _____

