



4 Medina Passage, 57 Bodmin Street  
New Redruth, Alberton, 1449

Cell No: 084 580 9141

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**SUBSIDY FORM**

School: \_\_\_\_\_

Child's Name: \_\_\_\_\_

**Parents Information:**

Mother		Father	
Full Name	_____	Full Name	_____
ID Number	_____	ID Number	_____
Address	_____ _____ _____	Address	_____ _____ _____
Contact No	_____	Contact No.	_____

**Reason for subsidy:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Principal's motivation:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_

Parent's Signatures \_\_\_\_\_  
Mother

\_\_\_\_\_ Father

Principal's Signature \_\_\_\_\_