



Enrolment/Admissions Form

| | | |
|-------------------------|------------------------|------------------------|
| Date of Enrolment: | | |
| Child's Details | | |
| Surname: | | |
| First names: | | |
| Date of Birth: | | |
| ID Number | | |
| Age at Entry: | | |
| Home language: | | |
| Child's Gender | Male / Female | |
| Parent's Details | | |
| | Mother/Guardian | Father/Guardian |
| Surname: | | |
| First names: | | |
| Date of Birth: | | |
| ID Number: | | |
| Occupation: | | |
| Employers Name: | | |
| Home Address: | | |
| Postal Address: | | |



Enrolment/Admissions Form

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| Email address: | | |
| Telephone Home: | | |
| Telephone Work: | | |
| Landline Number: | | |
| Cell phone Number: | | |
| Can we reach you via WhatsApp? | Yes / No Number: | Yes / No Number: |
| Emergency Contact – NB! Must be different to Mother and Father | | |
| Name: | | |
| Relationship to child: | | |
| Tel numbers: | | |
| Security at School | | |
| Who will bring the child to school? | | |
| Who will collect the child from school: | | |
| Medical and Health | | |
| Has your child ever broken a limb? | Yes/No | Please specify: |
| Does your child have any specific fears? | Yes/No | Please specify: |
| Does your child take regular medication? | Yes/No | Please specify: |
| Do you have a family history of Dyslexia, hyperactivity, | Yes/No | Please specify: |



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| minimal brain dysfunction or other learning difficulties? | | | |
| Are there any special medical, physical or emotional needs that the school should be aware of? | Yes/No | Please specify: | |
| In the event, your child is very ill and we cannot get hold of you may we take your child to the local doctor or call an ambulance? NB: You will be liable for all the associated charges/ambulance fee | | | Yes/No |
| Has your child had any of the following illnesses? Please circle "Yes" or "No" | | | |
| Croup | Yes/No | Asthma | Yes/No |
| Chicken Pox | Yes/No | Eye Infections | Yes/No |
| Rubella/German measles | Yes/No | Encephalitis | Yes/No |
| Scarlet Fever | Yes/No | Bladder Infections | Yes/No |
| Respiratory Tract Infections | Yes/No | Prone to Thrush | Yes/No |
| Please specify any others: | | | |
| ALLERGIES: Does your child have allergies to, or intolerances for, any of the following? Please circle "Yes" or "No". If "Yes", please specify which one: | | | |
| Analgesics (pain killers) | Yes/No | Please specify: | |
| Anti-biotics | Yes/No | Please specify: | |
| Preservatives | Yes/No | Please specify: | |
| Bee stings | Yes/No | Peanuts | Yes/No |
| Lactose (Dairy) | Yes/No | Pet Hair | Yes/No |



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| Gluten | Yes/No | Wheat | Yes/No |
| Fish | Yes/No | Dust | Yes/No |
| Sucrose | Yes/No | Fructose | Yes/No |
| Any others: | | | |
| Any surgery your child has had: | Type of surgery: | At what age: | |
| Medical Aid Details/Medical doctor | | | |
| Are you a member of a medical aid? | Yes/No | | |
| Scheme Name: | | | |
| Plan: | | | |
| Membership No.: | | | |
| Principal Member: | | | |
| Name of the General Practitioner you use | | | |
| Milestones (at what age did your child...?) | | | |
| Communication | Start talking: | | |
| | Does your child use baby talk? | Yes/No | |
| | Stutter / Stammer? | Yes/No | |
| | Lisp? | Yes/No | |



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| | What was your child's first word? | | | |
| | Battle to "find" words? | Yes/No | | |
| Gross Motor – at what age did your child....? | Roll over: | | | |
| | Pull up onto the feet: | | | |
| | Sit up: | | | |
| | Take the first step: | | | |
| | Did your child crawl? | | | |
| Feeding | Feed him/herself | Yes/No | Use a spoon? | Yes/No |
| | Use a knife and fork? | Yes/No | Drink from a bottle? | Yes/No |
| | Drink from a cup | Yes/No | Suck a dummy? | Yes/No |
| Family History | | | | |
| Child's place of birth: | | | | |
| Cultural heritage: | | | | |
| Is your child adopted? | Yes/No | If yes, at what age? | | |
| Does your child know about the adoption | | Yes/No | | |
| Names and ages of siblings: | Sibling 1: | | Sibling 2: | |
| | Age: | | Age: | |
| | Sibling 3: | | Sibling 4: | |
| | Age: | | Age: | |
| Child's place in the family | Youngest | Middle | Oldest | |



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| Parents marital status | Married/ not married | Divorced/Separated | One parent deceased |
| If divorced/separated, who does the child live with? | | | |
| What are the visiting arrangements so that the child can see the other parent: | | | |
| | | | |
| Is the other parent allowed to collect the child from school? | | | |
| Discipline | | | |
| Does your child have temper tantrums? | | | Yes/No |
| Do you believe in discipline? | | | Yes/No |
| Describe your discipline: | | Strict: Yes/No | Fairly free: Yes/No |
| | | Firm: Yes/No | |
| How do you deal with temper tantrums when they arise: | | | |
| | | | |
| How do you console your child once he/she has had a tantrum: | | | |
| | | | |
| General Information | | | |
| Has your child been to school before: | | | Yes/No |
| Name of previous school: | | | |
| What does your child do with Dad for fun: | | | |
| | | | |



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| What does your child do with Mom for fun: | | |
| What time does your child go to bed at night: | | |
| What time does your child wake up in the mornings: | | |
| Does your child sleep through the night: | | Yes/No |
| Does your child have a nap during the day | Yes/No | If yes, what times |
| Billing Information: Person responsible for payment of school fees: | | |
| Person responsible for payment of school fees: NB: The parents are ultimately responsible for payment of the school fees, even if somebody else has undertaken to pay them and defaults | Name: | |
| | Postal Address: | |
| | Residential Address: | |
| | ID Number: | |
| | Office Landline: | |
| | Home Landline: | |
| | Cell phone Number: | |



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| Next of kin not living with you | Name | |
| | Residential Address | |
| | Telephone Numbers: | Home: Office: Cell: |

Signatures

Father/Guardian:

I, _____, ID Number _____, hereby confirm that all the information supplied on this form is true and correct at the time of signing this document.

Signed at _____, on this day _____ of _____, 2__

Mother/Guardian:

I, _____, ID Number _____, hereby confirm that all the information supplied on this form is true and correct at the time of signing this document.

Signed at _____, on this day _____ of _____, 2__

Mother/Guardian Name

Mother/Guardian Signature

Witness 1

Witness 2



Documents to be submitted with registration:

Photo copies of:



- 1. ID documents of both parents / guardians**
- 2. Birth certificate of the child**
3. Clinic card / Road to Health Card of the child
4. Progress Report from previous school (if applicable)