

## APPLICATION FOR ENROLMENT

### PERSONAL INFORMATION OF THE LEARNER

*A certified copy of the learner's identity document / birth certificate must accompany this form.*

First name(s): \_\_\_\_\_

Surname: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Identity number: \_\_\_\_\_

Home telephone: \_\_\_\_\_ Male  Female

Residential address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Number of siblings: \_\_\_\_\_ Home language: \_\_\_\_\_

Hand dominance: \_\_\_\_\_ Foot dominance: \_\_\_\_\_

Any special medical conditions: \_\_\_\_\_

Chronic illness(es): \_\_\_\_\_

Current medication: \_\_\_\_\_

Allergies to medicine: \_\_\_\_\_

Allergies to food: \_\_\_\_\_

Recent operation(s): \_\_\_\_\_

Recent hospitalisation: \_\_\_\_\_

Family doctor: \_\_\_\_\_ Fax: \_\_\_\_\_

Telephone number: \_\_\_\_\_ Mobile: \_\_\_\_\_

Name of emergency contact person: \_\_\_\_\_

Relationship to learner: \_\_\_\_\_

Home telephone number: \_\_\_\_\_

Work telephone number: \_\_\_\_\_

Mobile: \_\_\_\_\_

**PERSONAL INFORMATION OF THE MOTHER / GUARDIAN**

*A certified copy of your identity document must accompany this form.*

First name(s): \_\_\_\_\_

Surname: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Identity number: \_\_\_\_\_

Residential address: \_\_\_\_\_  
\_\_\_\_\_

Home telephone: \_\_\_\_\_

Mobile: \_\_\_\_\_

Occupation: \_\_\_\_\_

Company / Institution: \_\_\_\_\_

Work telephone number: \_\_\_\_\_

Email address: \_\_\_\_\_

Marital status (please tick):

Widower

Divorced

Single

Married

**PERSONAL INFORMATION OF THE FATHER / GUARDIAN**

*A certified copy of your identity document must accompany this form.*

First name(s): \_\_\_\_\_

Surname: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Identity number: \_\_\_\_\_

Residential address: \_\_\_\_\_  
\_\_\_\_\_

Home telephone: \_\_\_\_\_

Mobile: \_\_\_\_\_

Occupation: \_\_\_\_\_

Company / Institution: \_\_\_\_\_

Work telephone number: \_\_\_\_\_

Email address: \_\_\_\_\_

Marital status (please tick):

Widower

Divorced

Single

Married

**FINANCE**

Person responsible for all school fees:

Bank:

Branch code:

Account name:

Account number:

Residential address:

**MEDICAL AID INFORMATION**

Name of Medical Aid:

Medical Aid number:

Medical Insurance Plan:

Medical Aid telephone:

**ACADEMIC DETAILS OF THE LEARNER**

*Copies of the learner's latest school report and all current assessment reports must accompany this form.*

Present school:

Present grade:

Present class teacher:

Grade(s) repeated:

School's telephone:

REASON FOR REFERRAL *(please tick)*

Scholastic difficulties	Behavioural	Emotional	Other
Reading	Temper outbursts	Weepy	
Spelling	Frustration	Fearful	
Mathematics	Aggression	Anxious	
Comprehension	Poor concentration	Dependant	
Language	Hypoactive	Wide mood swings	
Memory	Hyperactive	Poor self-esteem	
Organisation	Attention Deficit		
Planning	ADHD		

Specialist involved	Name	Contact numbers	Assessment report (y/n)	Date of assessment
Psychologist				
Psychiatrist				
Paediatrician				
Occupational therapist				
Speech & language therapist				
Physiotherapist				
Remedial therapist				
Neurologist				
Eye specialist				
Ear specialist				
Other				
Other				

**Please add any comments or further information which may be relevant:**

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Full name *(please print)*:

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Signature:

Date:

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**For Office Use**

Accepted: YES  NO

Admitted to grade:

To start:

Date:

Admission number:

Name:

Emis transfer form: YES  NO

Sign:

Emis unique number: