

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:

Full name *(please print)*:

Signature:

Date:

For Office Use

Accepted: YES NO

Admitted to grade:

To start:

Date:

Admission number:

Name:

Emis transfer form: YES NO

Sign:

Emis unique number: