



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:		
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, minimal brain dysfunction or other learning difficulties?	Yes/No	Please specify:
Are there any special medical, physical or emotional needs	Yes/No	Please specify:



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that the school should be aware of?		
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
Chicken Pox	Yes/No	Eye Infections
Rubella/German measles	Yes/No	Encephalitis
Scarlet Fever	Yes/No	Bladder Infections
Respiratory Tract Infections	Yes/No	Prone to Thrush
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
Lactose (Dairy)	Yes/No	Pet Hair
Gluten	Yes/No	Wheat
Fish	Yes/No	Dust
Sucrose	Yes/No	Fructose
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
	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



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	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: Age:		Sibling 2: Age:	
	Sibling 3: Age:		Sibling 4: Age:	
Child's place in the family	Youngest	Middle	Oldest	
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:				
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:	Name:			



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NB: The parents are ultimately responsible for payment of the school fees, even if somebody else has undertaken to pay them and defaults	Postal Address:	
	Residential Address:	
	ID Number:	
	Office Landline:	
	Home Landline:	
	Cell phone Number:	
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 _____

Father/Guardian Name

Father/Guardian Signature

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 _____



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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)