



## SECTION 2 : PREVIOUS DAY MOTHER/S/NURSERY SCHOOL/S

CURRENT _____	PREVIOUS _____
ADDRESS _____	ADDRESS _____
CODE _____	CODE _____
TEL NO _____	TEL NO _____
CODE _____	CODE _____
CONTACT PERSON _____	CONTACT PERSON _____

HAS ADMISSION TO ANY OTHER NURSERY SCHOOL/S EVER BEEN REFUSED? IF YES, PLEASE STATE REASON.  YES  NO

REASON \_\_\_\_\_

## SECTION 3 : CHILD'S MEDICAL DETAILS

BLOOD TYPE 

O+	O-	A+	A-	AB+	AB-	B+	B-	UNKNOWN
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FAMILY DOCTOR NAME \_\_\_\_\_ TEL NO \_\_\_\_\_

ADDRESS \_\_\_\_\_ CODE \_\_\_\_\_

MEDICAL AID NAME \_\_\_\_\_ MEMBER NUMBER \_\_\_\_\_

MAIN MEMBER INITIALS AND SURNAME \_\_\_\_\_ MAIN MEMBER ID NUMBER \_\_\_\_\_

OPTION \_\_\_\_\_

HAS THE CHILD RECEIVED ALL THE NECESSARY IMMUNISATIONS? IF NO, PLEASE STATE REASON.  YES  NO

REASON \_\_\_\_\_

HAS THE CHILD SUFFERED FROM ANY OF THE FOLLOWING ILLNESSES? PLEASE INDICATE WITH AN X.

<input type="checkbox"/> ASTHMA <input type="checkbox"/> CHICKEN POX <input type="checkbox"/> DIABETES <input type="checkbox"/> DIPHTHERIA	<input type="checkbox"/> ENTERIC FEVER <input type="checkbox"/> GERMAN MEASLES <input type="checkbox"/> HEPATITIS <input type="checkbox"/> MALARIA	<input type="checkbox"/> MEASLES <input type="checkbox"/> MUMPS <input type="checkbox"/> POLIO <input type="checkbox"/> RHEUMATIC FEVER	<input type="checkbox"/> SCARLET FEVER <input type="checkbox"/> TICKBITE FEVER <input type="checkbox"/> TYPHOID FEVER <input type="checkbox"/> WHOOPING COUGH
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DOES THE CHILD SUFFER FROM ANY ALLERGIES?  YES  NO

IF YES, PLEASE GIVE DETAILS. \_\_\_\_\_

DOES THE CHILD HAVE ANY SPECIAL MEDICAL NEEDS?  YES  NO

IF YES, PLEASE GIVE DETAILS. \_\_\_\_\_

DOES OR HAS THE CHILD SUFFERED FROM ANY OTHER ILLNESSES OR DISABILITIES?  YES  NO

IF YES, PLEASE GIVE DETAILS. \_\_\_\_\_

IS THE CHILD RECEIVING MEDICAL TREATMENT FOR ANY CONDITION?  YES  NO

IF YES, PLEASE GIVE DETAILS. \_\_\_\_\_

### SECTION 3 : CHILD'S MEDICAL DETAILS (CONTINUED)

IS OR HAS THE CHILD SUFFERED FROM OR RECEIVED TREATMENT FOR ANY PSYCHOLOGICAL OR EMOTIONAL UPSET?

YES	NO
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IF YES, PLEASE GIVE DETAILS. \_\_\_\_\_

HAS THE CHILD HAD ANY OPERATIONS?

YES	NO
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IF YES, PLEASE GIVE DETAILS. \_\_\_\_\_

PLEASE SPECIFY ANY OTHER RELEVANT MEDICAL DETAILS. \_\_\_\_\_

### SECTION 3 : CHILD'S MEDICAL DETAILS - CONSENT

IN A CRITICAL MEDICAL SITUATION, PLEASE BEAR IN MIND THAT THERE MAY NOT BE TIME TO REFER TO THE CHILD'S RECORDS. THE SCHOOL THEREFORE RESERVES THE RIGHT TO UTILISE THE QUICKEST MEDICAL SERVICE AVAILABLE.

I, \_\_\_\_\_ BEING THE PARENT/LEGAL GUARDIAN OF \_\_\_\_\_  
HEREBY AGREE THAT A MEDICAL PRACTITIONER MAY PROVIDE EMERGENCY TREATMENT AS MAY BE NECESSARY.

SIGNATURE OF PARENT/LEGAL GUARDIAN \_\_\_\_\_

### SECTION 4 : DETAILS OF FATHER/STEPFATHER/LEGAL GUARDIAN

COMPLETE ONLY IF **NOT** THE ACCOUNT HOLDER. REFER TO SECTION 7.

SURNAME \_\_\_\_\_

FULL NAMES AS IN ID DOCUMENT \_\_\_\_\_

DESIGNATION \_\_\_\_\_

MR	MRS	MS	MISS	DR	REV	PROF	OTHER	_____
----	-----	----	------	----	-----	------	-------	-------

IDENTITY NUMBER \_\_\_\_\_

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

RELATIONSHIP \_\_\_\_\_

MARITAL STATUS \_\_\_\_\_

OCCUPATION \_\_\_\_\_

EMPLOYER \_\_\_\_\_

RESIDENTIAL ADDRESS \_\_\_\_\_

WORK ADDRESS \_\_\_\_\_

POSTAL ADDRESS \_\_\_\_\_

\_\_\_\_\_ CODE \_\_\_\_\_

\_\_\_\_\_ CODE \_\_\_\_\_

\_\_\_\_\_ CODE \_\_\_\_\_

TEL H CODE \_\_\_\_\_

TEL W CODE \_\_\_\_\_

CELL \_\_\_\_\_

EMAIL ADDRESS (PLEASE WRITE LEGIBLY) \_\_\_\_\_

PARENTAL STATUS

CHILD LIVING WITH PARENT/S	CHILD'S LEGAL GUARDIAN	ACCESS RIGHTS TO CHILD	ACCESS RIGHTS IN AN EMERGENCY ONLY
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## SECTION 5 : DETAILS OF MOTHER/STEPMOTHER/LEGAL GUARDIAN

COMPLETE ONLY IF **NOT** THE ACCOUNT HOLDER. REFER TO SECTION 7.

SURNAME _____		FULL NAMES AS IN ID DOCUMENT _____																	
DESIGNATION _____	<table border="1"><tr><td>MR</td><td>MRS</td><td>MS</td><td>MISS</td><td>DR</td><td>REV</td><td>PROF</td><td>OTHER</td><td></td></tr></table>				MR	MRS	MS	MISS	DR	REV	PROF	OTHER							
MR	MRS	MS	MISS	DR	REV	PROF	OTHER												
IDENTITY NUMBER _____	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																		
RELATIONSHIP _____	MARITAL STATUS _____																		
OCCUPATION _____	EMPLOYER _____																		
RESIDENTIAL ADDRESS _____	WORK ADDRESS _____	POSTAL ADDRESS _____																	
_____	_____	_____																	
_____ CODE _____	_____ CODE _____	_____ CODE _____																	
TEL H CODE _____	TEL W CODE _____	CELL _____																	
EMAIL ADDRESS (PLEASE WRITE LEGIBLY) _____	_____																		
PARENTAL STATUS	<table border="1"><tr><td>CHILD LIVING WITH PARENT/S</td><td>CHILD'S LEGAL GUARDIAN</td><td>ACCESS RIGHTS TO CHILD</td><td>ACCESS RIGHTS IN AN EMERGENCY ONLY</td></tr></table>	CHILD LIVING WITH PARENT/S	CHILD'S LEGAL GUARDIAN	ACCESS RIGHTS TO CHILD	ACCESS RIGHTS IN AN EMERGENCY ONLY														
CHILD LIVING WITH PARENT/S	CHILD'S LEGAL GUARDIAN	ACCESS RIGHTS TO CHILD	ACCESS RIGHTS IN AN EMERGENCY ONLY																

## SECTION 6 : DETAILS OF ANOTHER CONTACT IN THE CASE OF AN EMERGENCY

SURNAME _____		FULL NAMES _____			
RELATIONSHIP _____					
TEL H CODE _____	TEL W CODE _____	CELL _____			
EMAIL ADDRESS (PLEASE WRITE LEGIBLY) _____	_____				

**SECTION 7 : DETAILS OF ACCOUNT HOLDER**

SURNAME \_\_\_\_\_ FULL NAMES AS IN ID DOCUMENT \_\_\_\_\_

DESIGNATION \_\_\_\_\_

MR	MRS	MS	MISS	DR	REV	PROF	OTHER	
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IDENTITY NUMBER \_\_\_\_\_

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RELATIONSHIP \_\_\_\_\_ MARITAL STATUS \_\_\_\_\_

OCCUPATION \_\_\_\_\_ EMPLOYER \_\_\_\_\_

RESIDENTIAL ADDRESS \_\_\_\_\_ WORK ADDRESS \_\_\_\_\_ POSTAL ADDRESS \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ CODE \_\_\_\_\_ CODE \_\_\_\_\_ CODE \_\_\_\_\_

TEL H CODE \_\_\_\_\_ TEL W CODE \_\_\_\_\_ CELL \_\_\_\_\_

EMAIL ADDRESS (PLEASE WRITE LEGIBLY) \_\_\_\_\_

PARENTAL STATUS	CHILD LIVING WITH PARENT/S	CHILD'S LEGAL GUARDIAN	ACCESS RIGHTS TO CHILD	ACCESS RIGHTS IN AN EMERGENCY ONLY
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DETAILS OF CHILDREN IN YOUR CARE WHO ARE CURRENTLY AT THIS SCHOOL

1 NAME _____	GR _____	2 NAME _____	GR _____
3 NAME _____	GR _____	4 NAME _____	GR _____

PAYMENT OPTION

MONTHLY DEBIT ORDER
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**SECTION 8 : SIGNATURE OF PARENTS/LEGAL GUARDIAN AND/OR ACCOUNT HOLDER**

We, the undersigned, \_\_\_\_\_, hereby certify that the information provided in this Application for Admission is complete and accurate. We acknowledge that enrolment is subject to, inter alia, signing a Learner Admission Contract that contains the detailed terms, conditions and requirements for admission.

We hereby authorise the School and/or any of its associates to conduct any credit enquiries on us as may be necessary from time to time.

We acknowledge that we have read the School Specific Policies and School Rules and will accept an offer of placement for our child at the School in accordance with the terms and conditions as set out therein. These documents, as amended from time to time, are available on the official School website.

**NB: The signatures of the account holder and both parents and / or legal guardians are required where applicable.**

\_\_\_\_\_  
SIGNATURE OF ACCOUNT HOLDER

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF FATHER/ STEPFATHER / LEGAL GUARDIAN

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF MOTHER/STEPMOTHER/LEGAL GUARDIAN

\_\_\_\_\_  
DATE

**SECTION 9 : SURVEY - SERVICES/FACILITIES REQUIRED**

SCHOOL TRANSPORT	<input type="checkbox"/> YES	<input type="checkbox"/> NO	FROM WHERE?	_____
HOLIDAY CARE	<input type="checkbox"/> YES	<input type="checkbox"/> NO		
MUSIC TUITION	<input type="checkbox"/> YES	<input type="checkbox"/> NO	INSTRUMENT/S	_____

**SECTION 10 : SURVEY - MARKETING**

WHERE DID YOU HEAR ABOUT US? PLEASE INDICATE WITH AN X.

<input type="checkbox"/> BILLBOARD	<input type="checkbox"/> NEWSPAPER	<input type="checkbox"/> MAGAZINE	<input type="checkbox"/> RADIO
<input type="checkbox"/> PRESENTATION	<input type="checkbox"/> BROCHURE	<input type="checkbox"/> FLYER	<input type="checkbox"/> EXHIBITION
<input type="checkbox"/> FRIEND	<input type="checkbox"/> WEB	<input type="checkbox"/> OTHER/SPECIFY _____	

PLEASE INDICATE HOW SATISFIED YOU WERE WITH THE SERVICE RECEIVED PRE-ENROLMENT.

<input type="checkbox"/> VERY SATISFIED	<input type="checkbox"/> SATISFIED	<input type="checkbox"/> UNSATISFIED	<input type="checkbox"/> VERY UNSATISFIED
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WAS THE INFORMATION RECEIVED PRE-ENROLMENT:

<input type="checkbox"/> RELEVANT	<input type="checkbox"/> INFORMATIVE	<input type="checkbox"/> SUFFICIENT
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IF NOT, PLEASE PROVIDE FURTHER DETAILS. \_\_\_\_\_