

SWARTLAND

**Pre-Primêre Skool
Pre-Primary School**

Posbus / P.O. Box 343
h/v PG Nelson & Hospitaalstraat
c/o PG Nelson & Hospital Street
Malmesbury
7299



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Die regte grondslag gee ons vlerke / The right foundation give us wings

APPLICATION FOR ADMISSION OF LEARNER

| | | |
|------------------------|-------------|-----------------------------------|
| Surname of Learner | | Please Attach Photo of your child |
| Full name/s of Learner | | |
| Birthdate | | |
| Year Applying for | 2021 | |

Application information and requirements :

1. Please print in capitals and complete ALL sections, even if there is repetition. The supplying of false information or non-disclosure of material and / or important information will invalidate this application
2. **The application must be accompanied by:**

| | |
|--|--|
| One passport-sized colour photo of learner in the space provided | |
| Copy of learner's birth certificate | |
| Copies of both parents / guardians / sponsors' ID documents | |
| Forms that must accompany this application : Financial undertaking | |
| Confidential information regarding your child | |
| Proof of Address | |
| TEACHING LANGUAGE: ENGLISH OR AFRIKAANS | |

| DETAILS OF LEARNER | | | |
|--|--|-----------|--|
| Surname: | | Initials: | |
| First names: | | | |
| Calles name, if different to first name above: | | | |

| ADDRESS AND CONTACT DETAILS OF LEARNER | | | |
|--|--|-------------|--|
| Physical address : | | | |
| | | Postal code | |

| OTHER PERSONAL DETAILS OF LEARNER | | | | |
|-----------------------------------|-----|----|-------------------------------------|--|
| Identity number | | | Birth date | |
| Home language | | | Nationality | |
| SA Citizenship | Yes | No | Date of arrival in SA If applicable | |

| | | | | | |
|----------------------------|--|---------|--|--------|--|
| Name of current school: | | | | | |
| Siblings in other schools: | | | | | |
| Name: | | School: | | Grade: | |
| Name: | | School: | | Grade: | |
| Name: | | School: | | Grade: | |

| WHO DOES THE LEARNER RESIDE WITH? | | | | | |
|-----------------------------------|--------|----------|-------------|---------|-------|
| Father | Mother | Guardian | Grandparent | Sponsor | Other |

| EMERGENCY CONTACT (other than parents) | | | |
|--|--|-----------|--|
| Name: | | Tel. no: | |
| Relationship to learner | | Cell no : | |

MEDICAL DETAILS OF LEARNER

| | |
|--------------------|--|
| Doctor's name: | |
| Practice Phone no: | |
| Cell no: | |

MEDICAL HISTORY OF LEARNER

Please indicate any appropriate information below. Failure to do so may result in your application being withdrawn

Allergies:

Routine Medication:

Resent Injuries:

Previous Operations:

Existing Medical Problems:

MEDICAL AID DETAILS

| | | | |
|----------------|--|----------------------------------|--|
| Member's name | | Medical Aid: eg Discovery | |
| Membership no: | | Specific Plan: eg Costal plan | |

PERSONAL DETAILS

Do you have any objections to your contact details being given to other parents for play dates / parties / other school matters?

Yes

No

DETAILS OF FATHER

| | | | |
|--|---------|----------|---------------|
| Surname: | | Title: | |
| First names: | | | |
| Identity no | | e-mail: | |
| Marital status: | Married | Divorced | Single Parent |
| Home phone no: | | | Cell no: |
| Business number: | | | WHATSAPP NO |
| Physical address: | | | Postal code: |
| | | | |
| Postal addresss if different to above: | | | Postal code : |
| Name of Employer | | | |
| Occupation : | | | |

DETAILS OF MOTHER

| | | | |
|--|---------|----------|---------------|
| Surname: | | Title: | |
| First names: | | | |
| Identity no | | e-mail: | |
| Marital status: | Married | Divorced | Single parent |
| Home phone no | | | Cell no: |
| Business number | | | WHATTSAAPP NO |
| Physical address | | | Postal code: |
| | | | |
| Postal addresss if different to above: | | | Postal code : |
| Name of Employer | | | |
| Occupation: | | | |

**DETAILS OF STEPFATHER / STEPMOTHER
(If applicable)**

| | | | |
|--|--|---------------|--|
| Surname: | | Title: | |
| First names | | | |
| Identity no | | e-mail: | |
| Huistelefoonnommer | | Cell no: | |
| Business number | | WHATSAPP NO | |
| Physical address | | | |
| | | Postal code: | |
| Postal address, if different to above: | | Postal code : | |
| Name of Employer | | | |
| Occupation : | | | |

**DETAILS OF GUARDIAN / SPONSOR
(If applicable)**

| | | | |
|---|----------|---------------|----------------------|
| Surname: | | Title: | |
| First names | | | |
| Identity no | | e-mail: | |
| Relationship to learner | Guardian | Foster Parent | Grandparent Other |
| Home phone no | | Cell no: | |
| Business number | | WHATSAPP NO | |
| Physical address | | | |
| | | Postal code: | |
| Postal address : if different to above: | | Postal code : | |
| Name of Employer | | | |
| Occupation : | | | |

DECLARATION: PARENT 1

I, hereby declare that the information which I have recorded in this form is true and correct and by my signature below, I give the Governing Body permission to check and confirm any of the details or documents given by me. I understand that should any of the information supplied by me is found to be false, the school reserves the right to lay a criminal charge of fraud against any of the parties involved with this application and further reserves the right to, in the event that the learner has been admitted on such falsity, have such admission reversed.

Signed on this day of 20.....

.....
SIGNATURE

DECLARATION: PARENT 2

I, hereby declare that the information which I have recorded in this form is true and correct and by my signature below, I give the Governing Body permission to check and confirm any of the details or documents given by me. I understand that should any of the information supplied by me is found to be false, the school reserves the right to lay a criminal charge of fraud against any of the parties involved with this application and further reserves the right to, in the event that the learner has been admitted on such falsity, have such admission reversed.

Signed on this day of 20.....

.....
SIGNATURE

CONFIDENTIAL INFORMATION REGARDING YOUR CHILD

Name of child in full

How many kids in family and this child is the(1st, 2nd, 3rd, etc)

Home Language..... Any other language your child is exposed to.....

RELIGIOUS INSTRUCTION: Have you, the parent /guardian of the above mentioned child, any objection to his/her being present when instruction in Religious Instructions given as laid down in the Education Affairs Act (House of Assembly), 1988 (Act no 70 of 1988)

Do you have any objections? YES / NO CHURCH:.....

Underline the illnesses which your child has had: Bilharzia, Rubella (German Measles), Enteric Fever, Whooping Cough, Malaria, Maesles, Chicken-pox, Diphtheria, Mumps, Rheumatic Fever, Scarlet Fever.

State any other medical condition, which your child has suffered or still suffers

State (if any) the operations, which your child has undergone, when and for what purpose?

Is your child using any medication?

If so, give details:

Any allergies?

Urination: Any problems?

Any problem in connection with: Hearing? Sight..... Speech?

Social interaction? Behaviour?

If so, please specify:

At what age did your child start talking? At what age did your child start walking?

Did your child crawl?.....

Name any pre-natal problems experienced or during the child's birth

Has your child ever had a serious accident? If so, give details

Sleeping habits (e.g. sleeps peacefully, a restless sleeper, has nightmares, does not yet sleep through in his/her own bed)

At what time does your child go to bed at night..... Fall asleep at?

Does your child show any signs of nervous tension by day or at night?.....

Underline personality characteristics (and elaborate)

Obedient, disobedient, stubborn Independent,
dependent Shy, withdrawn, outgoing (bold)

.....
Friendly, moody, aggressive

Tolerant, irritable

Unselfish, selfish

Loving, seeks attention, aloof, does not seek attention

Self-confident, lacking in confidence, over-confident

Helpful, uncooperative

Reacts well, does not take kindly to orders or correction

Any other characteristics that the school must know about?

.....

Has your child ever been assessed by an Occupational Therapist, Speech Therapist or Psychologist?

.....

IF SO, PLEASE ATTACH AVAILABLE REPORTS TO THIS APPLICATION.

Is your child presently receiving any of the above support? YES NO

What support?

With whom?

Does your child have any special educational needs? (Please specify)

.....

Any other information regarded as important

Is there any problem, which you would like to discuss confidentially?

.....

PLEASE NOTE:

Any non-disclosure of past / current or knowledge of future need of intervention/s, may render this application null and void.

Information supplied by:

Parent 1: Signed: Date:

Parent 2: Signed: Date: