



<b>Date</b>		<b>Starting Date Required</b>	
Child's Details			
Child's name & Surname			
Date of Birth			
Gender		Language	
Nationality		Religion	
Physical Address			
Postal Address			
Name of previous school			

Background Details			
Does your child have any of the following:			
Vision problems Please explain			
Hearing problems Please explain			
Speech problems Please explain			
Do you have any concerns about any aspect of your child's development? Please attach all developmental reports.			
Does your child have any health problems we should be aware of? Please explain			
Has your child had any serious accidents or operations? (Explain)			
List other illnesses your child has had			
Does your child have any allergies? If so, please describe			
Is anyone in the family allergic to bees?			
Has your child ever been stung?		Reaction?	
Does your child take any regular medicine?			
Are there any foods / drinks your child should not have, and reasons why?			
Any other concerns   Habits   Emotional   Physical Needs   Fears			

**Please sign below:**

**Date:**

Mother:

Father:

Guardian:

Attach copy of forms please:			
Mothers ID		Account Structure	
Fathers ID		Indemnity Form	
Child's Birth Certificate		POPI Consent form	
Clinic Card		Medical Aid Card	

<b>Starting date</b>	
<b>Class Allocation</b>	