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A REGISTERED NON-PROFIT ORGANISATION NO: 043-617-NPO

Dear Parent /Guardian

Re: Application for enrollment

Thank you for your enquiry regarding the application on behalf of your child, for enrollment in the Grade 1 class at this school for the 20..... academic year.

Please assist us to make an informed decision about his/her school readiness by completing the attached form in black ink.

Do not feel that reporting a visit to a therapist of any kind will jeopardize your child's admission to this school.

We wish to supply as complete a service as possible and this information will help us with our decision and planning for any support that your child may need.

There is a section of this form that needs to be completed by your child. Please do this with your child when you are both unrushed and relaxed.

Please return the completed form together with the school readiness assessment fee of R500.00 (five hundred rand) to the school as soon as possible.

Your child's appointment for the assessment will be booked upon receipt of the fee.

Thank you for your assistance.

Mrs. Ruzanne Coetzee
Head of Department
Foundation Phase
Hebron Christian Academy

Learner's Name: _____ Date of birth: _____

1. Position of child in family: _____ of _____
(Eg. 1st of 2; or 3rd of 3; etc.)

2. Previous schools attended by your child (including current school)

Name of school	From	To	Grade
1.			
2.			
3.			

3. Is this your child's first or second year in Grade R _____
4. Were there any difficulties during the pregnancy? _____

If yes, please give a brief description:

5. Was the birth at full term or premature? _____
If premature, how premature? _____

6. Was the birth (please tick appropriate box)?

Normal	Instrument Assisted	Elective Caesarian	Emergency Caesarian
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7. Are there any eating disorders or food allergies? _____

If yes, please list or describe:

8. Has your child had any repeated ear infections or grommets inserted, especially in the first three years? _____

If yes, please list number of infections and approximate dates or age of your child

Date(s) of insertion of grommets:

9. Has your child's eyesight been tested? _____

If yes, please give the date of the test _____

What were the results?

If you were given a report, please attach a copy.

10. Has your child's hearing been tested? _____

If yes, please give the date of the test: _____

What were the results?

If you were given a report, please attach a copy.

11. Has your child been assessed by any other professional e.g. Psychologist, Speech Therapist, Occupational Therapist etc.? _____

If yes, what Therapist/Therapists?

Please give approximate time period. _____

What were the results?

If you were given a report, please attach a copy.

12. Is your child taking any medication e.g. for asthma or Ritalin etc. _____

If yes, state what and what it is for:

13. Please list any factors that may possibly affect your child's development e.g. a traumatic event such as the recent death of a close family member, divorce, one parent working away from the home for long periods etc.

See over leaf for your child's form. Your child needs to write his (her) own name and age, and draw his/her own drawing.

What is your name? Please write it here:

How old are you?
Please write it here →

Draw yourself and your pet or the one you wish you had.

We declare the above information concerning our/my child to be true.

Father's Name: _____ Signature: _____
(Please print)

Mother's Name: _____ Signature: _____
(Please print)

OR

Guardian's Name: _____ Signature: _____
(Please print)

Date: _____

