

The Green School Enrollment Form 2020

PUPIL NAME: _____

GRADE: _____

DATE OF ADMISSION: _____

Application Checklist

	1x Colour Photo of the Pupil		A Copy of Medical Aid Card
	A Copy of the Pupil's Birth Certificate		A Copy of the Pupil's Latest School Report
	A Copy of the Pupil's Vaccination Card		Transfer Documents & Financial Clearance from Previous School
	A Copy of Both Parents' ID Documents		Academic Screening & Feedback with Principal (If applicable)
	Completed Debit Order Form		

APPLICATION FOR ADMISSION

The personal information hereby provided by the parent will be used and processed as is necessary to carry out actions and functions for the conclusion or performance of the agreement entered into between the parties. The confines of the agreement will not be overstepped, and the documentation collected and/or personal information given will not be used for any other purpose other than that of the performance of the agreement unless otherwise required by law or prior authorisation obtained.

"Parent/s" or "you" means each person who is a biological or adoptive parent of the child who holds parental rights and responsibilities in respect of the Child to whom this Agreement pertains, or any other person who holds parental rights or responsibilities in respect of the Child, as set out in Section 18 of the Children's Act, and who has signed this Agreement, it being confirmed that ALL parties who hold parental rights and responsibilities in respect of the Child have consented to the Child's enrolment at the School and to the extent that the correct consents have not been obtained, the School cannot be held liable for this failure on the part of the signing party/ies;

1: Student's Particulars

Surname				
First Name/s				
Preferred Name		Gender	Male	Female
Date of Birth		Nationality		
Home Language		Religion		

2: Sibling Particulars

Surname		First Name	
Current School		Which Grade	
Surname		First Name	
Current School		Which Grade	

3: Pupil Medical Info

Medical Aid Name			
Medical Aid Number			
Doctor's Name		Doctor's Number	

4: Pupil Medical History

Has your child had any of the following? Please tick the applicable box - and provide details where YES

Nose Bleeds	Y	N	
Head Injury	Y	N	
Respiratory Disorder	Y	N	
Febrile Convulsions	Y	N	
Headaches	Y	N	
Chronic Medication	Y	N	
Used an Inhaler	Y	N	
Been Hospitalised	Y	N	
Grommets	Y	N	

5: Pupil Allergy History

Please indicate which allergies your child may have – and provide details where indicated YES

	Yes	No		Yes	No
Dairy			Nuts		
Soya			Grass		
Eggs			Pollen		
Fish			Wheat		
Bees			Other		

Failure to disclose any allergies to the school means that we might not be able to provide sufficient medical intervention, and cannot be held liable should any harm / injuries be sustained.

6: Pupil Educational & Developmental History

6.1 Current School Information

School Name		Current Grade	
Principal's Name		Teacher's Name	
School Tel No.		Reason for Leaving	

6.2 Development

General Disposition	
Fears and/or Anxieties	
Social Integration	
Likes & Dislikes	
Strengths and/or Weaknesses	
Sporting Ability	
Other:	

6.3 Support

Has your child received any of the following?

Please provide details where applicable – along with relevant reports and documentation

Speech Therapy	
Occupational Therapy	
Other Therapy	

7: Parents/Legal Guardian/s' Particulars

	Mother	Father
First Name		
Surname		
Preferred Name		
Nationality		
Identification/Passport Number		

Marital Status		
Home Tel No		
Mobile No		
Work No		
Email Address		
Home Address		
Postal Address		
Work Address		
Employer		

8: Parent Communications

	Both Parents	Mother	Father
Pupil Lives with			
Class Communications to be emailed to			
School Account to be emailed to			
Include on Pupil's Class WhatsApp Group			

9: Alternative Contact Details

Relationship			Contact Tel No			
First Name			Surname			

10: Photograph & Video Consent

Please confirm consent for the publication / use of photographs and or video of your child / children in Social Media. Pupils' photos/videos are never tagged or named and are always used in good context.

Media Type	School Facebook, Website, and Blog. Press, Parenting Hub, Jozi Kids and/or any appropriate platform.	Consent	Yes	No
Remarks				

11: Marketing Info

Please tell us where you heard about The Green School?

<input type="checkbox"/> Word of Mouth	<input type="checkbox"/> Internet Search	<input type="checkbox"/> School Website / Facebook Page
<input type="checkbox"/> Social Media	<input type="checkbox"/> Publication Specify	<input type="checkbox"/> Referral Specify

12: Services/Networking

We would like to know if you as a Parent / Guardian, have any expertise or networking connections to recommend or offer to our school e.g. Signage, Veterinary Services etc.

Remarks	
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I, _____ parent of, _____ hereby agree to the terms and conditions mentioned as per the above Parent contract for 2020.

DATE

SIGNED AT

PARENT SIGNATURE:

PRINCIPAL SIGNATURE:



