

LITTLE RED HEN PRE - PRIMARY SCHOOL - ADMISSION FORM – 20.....

By my signature hereto, I, In my capacity as mother/father) delete whichever is not applicable) and legal guardian of, hereby agree to be bound by the rules governing the Little Red Hen Pre-Primary School, which shall include but not be limited, to the following:

1. Little Red Hen Pre-Primary School, its teachers and/or staff shall not be liable for any loss, damage and/or injury caused to my child and/or his/her property, either whilst attending school or participating in school-sanctioned events/trips.
2. I, in my personal capacity, accept full responsibility for all fees, costs and expenses associated with my child attending Little Red Hen Pre-Primary School, and undertake to settle all outstanding fees/ costs/expenses when due.
3. In the event of my default in terms of 2., I acknowledge that Little Red Hen Pre-Primary School shall be entitled to institute legal action against me for recovery of all sums owing to it, and that in doing so, it may be entitled to proceed out of any Magistrate’s Court having competent jurisdiction to hear the matter, at which time I shall be liable for all Little Red Hen’s legal costs calculated on the scale as between attorney and client inclusive of interest and collection commission.
4. Little Red Hen Pre-Primary School reserves the right within it’s sole and absolute discretion to exclude any child admitted to the school on account of the child having, or subsequently developing, any special needs which, in the opinion of the Principal, the school is unable to accommodate for any reason whatsoever.

FIRST NAME OF CHILD			
SURNAME			
DATE OF BIRTH			
AGE		GENDER	
HOME LANGUAGE			
NATIONALITY			
RESIDENTIAL ADDRESS			
NAME OF MOTHER :			
ID NUMBER: (Copy of ID to be attached)			
CELL			
HOME		WORK:	
E-MAIL ADDRESS			
EMPLOYER – MOTHER			
NAME OF FATHER:			
ID NUMBER: (Copy of ID to be attached)			
CELL			
HOME		WORK:	
E-MAIL ADDRESS			
EMPLOYER – FATHER			
IF YOU ARE NOT AVAILABLE, STATE WHOM TO CONTACT <i>(Name & Number please)</i>			

NB!!

SIGNATURE : _____ **(Parent/Guardian)**
DATE : _____
SIGNATURE : _____ **(Little Red Hen)**
DATE : _____

MEDICAL DETAILS		
SURNAME		
NAME OF CHILD		
MEDICAL AID & PLAN		
MEDICAL AID NUMBER		
NAME OF DOCTOR		
DOCTOR'S TELEPHONE NUMBER		
DOCTOR'S ADDRESS		
ALLERGIES:		
PENICILLIN		
BEE STING (Please provide the necessary medication if your child is allergic to bees).		
ANY OTHER ALLERGIES?		
PREVIOUS ILLNESS (if any)		
IS THERE A FAMILY HISTORY OF LEARNING PROBLEMS?	Please tick YES	NO
WAS SPEECH DEVELOPMENT NORMAL?	Please tick YES	NO
WAS MOTOR DEVELOPMENT NORMAL?	Please tick YES	NO

Previous School Attended:				
DO YOU REQUIRE AFTERCARE FOR YOU CHILD? (please tick the appropriate block)				
NO	Yes till 2pm	Yes till 3pm	Yes till 5pm	Holiday Care
GENERAL INFORMATION				
IS THERE ANY OTHER IMPORTANT INFORMATION THAT WE NEED TO KNOW ABOUT? (ie Parents are divorced, Child lives with Mom/Dad/Granny etc.)				

- THE FOLLOWING DOCUMENTS MUST BE ATTACHED TO THIS APPLICATION FORM:**
- COPIES OF BOTH PARENTS' ID BOOKS
 - COPY OF CHILD'S BIRTH CERTIFICATE
 - COPY OF CHILD'S CLINIC CARD OR IMMUNISATION RECORD
 - LATEST REPORT
 - FEE CLEARANCE FROM PREVIOUS SCHOOL