

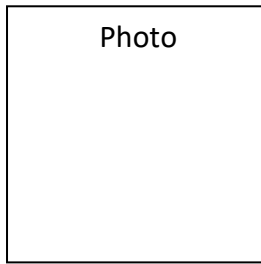


Tree Tops School – APPLICATION FORM

PRE-PRIMARY (Gr 0000/000/00)

Gr R

JUNIOR PRIMARY (Gr 1, 2 & 3)



**For office use only on
ADMISSION/ACCEPTANCE**

Admission Fee

Birth Certificate/ID

Clinic card

Parent ID's

Fee Clearance Certificate

Signed Parent Contract

Copy of last School Report

Kindly provide copies of:

- **child's BIRTH CERTIFICATE**
- **child's CLINIC CARD**
- **ID BOOKS of BOTH parents**
- **Report from last school (if applicable)**

Child's Surname: Date of Birth:

First Names: ID number:

Gender: Home Language: Place & Country of Birth:

Current Residential Address:

.....

PARTICULARS OF PARENTS / GUARDIANS

FATHER/GUARDIAN

MOTHER/GUARDIAN

Surname:

Surname:.....

First names:

First names:

ID No:

ID No:

Email add:

Email add:

Contact No:

Contact No:

Occupation:

Occupation:

Name of Company.....

Name of Company

FAMILY HISTORY OF CHILD

Position in family (1st born, 2nd born etc)

Other children in the family: Names Age

..... Age

Who is the child living with?

GENERAL INFORMATION

Where did you hear about Tree Tops School?.....
.....

1. Does your child presently attend a school (Daycare, playgroup, pre-school)? **YES / NO**
If "YES", which one?

Please provide a copy of the latest report.

2. Have you, or any member of your family, previously attended Tree Tops? **YES /NO**
If "YES" – Who and When?

3. Has/ does your child exhibit any developmental delays in the following areas:
- Speech & Language Development **YES /NO**
 - Physical Development **YES /NO**
 - In terms of the above, has your child been assessed by a Paediatrician, Speech & Language Therapist, Occupational Therapist or Educational Psychologist **YES /NO**

If "YES" kindly attach most recent reports.

4. Details of illness/ allergies that should be noted:
.....
.....
.....

Signature of Father/Guardian: Date:

Signature of Mother/Guardian:..... Date: