

SUNRIDGE PRE-PRIMARY SCHOOL



6 Verbena Street
 Sunridge Park
 PORT ELIZABETH 6045
 P.O.Box 28099
 Sunridge Park
 6008
Tel/Fax: (041) 360 1997
sunridgepreprimaryschool@gmail.com

APPLICATION FORM

Date application received(for office use)

PUPIL DETAILS

Surname:	Date of Birth:
First names:	
Nickname:	Gender: Male: Female:
Family placing: _____ of _____ children	

FAMILY INFORMATION

Family Surname:	
Father's First Name/s:	
Mother's Surname if different to Father's:	
Mother's First name/s:	
Home language:	
Marital status:	Married Divorced Single parent
Family size:	Number of parents at home:
Home telephone:Father	
Mother	
Cell numbers: Father	
Mother	
E-mail address: Father	
Mother	
Business No's:	Father fax:
Mother fax:	

ADDRESSES

Father's street address:

Mother's street address:

Postal address:

Emergency Contact Name:

Tel No:

FATHER'S INFORMATION

Place of work:

Business address:

Occupation:

Business telephone:

Home address:

Home telephone number:

Identity Number:

Father's interests and hobbies:

Marital status: Married Divorced Single Parent

MOTHER'S INFORMATION

Place of work:

Business address:

Occupation:

Business telephone:

Home address:

Home telephone number:

Identity Number:

Mother's interests and hobbies:

Marital status: Married Divorced Single Parent

OTHER GUARDIAN / PARENT INFORMATION IF RELEVANT

Relationship:

Place of work:

Business address:

Occupation:

Business telephone:

Home address:

Home telephone number:

Identity Number:

Interests and hobbies:

Marital status: Married Divorced Single Parent

MEDICAL INFORMATION

Doctor: Tel No.:

Medical Aid:

SCHOOL INFORMATION:

Previous school, including play schools, daycare groups:

Reasons for selecting this school:

Which Primary school will your child be attending?

Which parent is responsible for school fees?

How will your child get to school (walk, lift club etc.,)?

Who will bring him / her?

Who will fetch him / her?

Names of other children:		
Name:	Age:	Date of Birth:
Name:	Age:	Date of Birth:
Name:	Age:	Date of Birth:
If your child is sick and we cannot contact you please give us the names of two other persons we may contact:		
1:	Tel No:	
2:	Tel No:	
Are you prepared to help with transport for outings?		
Yes:	No:	
Home language:		
Church currently attending:		
Which contagious diseases has he / she had?		
Any other illnesses? Yes / No If yes, please specify:		
Birth:	Normal	Caesar
		Instruments etc
PHYSICAL INFORMATION		
General Development:		
Teeth:		
Has he / she visited the dentist yet?		Yes / No
MOTOR DEVELOPMENT		
Left handed	Right handed	Unsure as yet
Speech:		

HABITS

Thumb sucking, nail biting, bed wetting, stuttering, blinking etc.

Play and social behaviour:

Special interests:

Emotional: (Bad temper etc.)

Is there anything that concerns you about your child? Yes / No

If yes, please specify

PARENTS

Are there any domestic problems or other information that will help us understand your child better? Yes / No

If yes, please specify:

NB: A COPY OF YOUR CHILD'S BIRTH CERTIFICATE AND CLINIC CARD, TOGETHER WITH PROOF OF YOUR RESIDENCE, MUST BE ATTACHED TO THIS APPLICATION.

CONDITIONS OF ENROLMENT

1. I, the undersigned,.....(full names) request that my son / daughter be admitted as a pupil to Sunridge Pre-Primary School and I undertake on behalf of myself, my executors, my spouse and my child aforesaid to:

1.1 Pay the full amount of fees charged by Sunridge Pre-Primary in respect of the whole period during which my son / daughter is registered as a pupil at Sunridge Pre-Primary.

1.2 Give at least one full month's notice in writing to the Principal or to pay one full month's fees in lieu of notice upon terminating enrolment of my son / daughter from Sunridge Pre-Primary School.

1.3 Indemnify, hold harmless and absolve Sunridge Pre-Primary School and its staff or their authorised agents against any and all claims that may arise from injury, death, loss, damages, costs or expense, including legal costs, suffered by me or my son / daughter at any time arising from whatsoever cause.

1.4 Abide by the rules and regulations of Sunridge Pre-Primary School.

1.5 Participate in the Personal Liability scheme of the school.

2. I hereby give permission for our child / children to go on any outing arranged by the Principal during school hours.

3. Completion of the Application form does not guarantee acceptance.

Dated at this.....day of20.....

Responsible Parent / Guardian

As Witnesses

1. _____

2. _____