



APPLICATION FORM

Date of application: _____

Date on which admission is required: _____

Surname and name/s of child: _____

Calling name: _____ Home language: _____

Date of birth: _____ Boy / Girl: _____

Parent information:

Parent 1:

Initials and surname: _____

First name: _____

Home address: _____

Postal address: _____

E-mail address: _____

Work address: _____

Occupation: _____

Cell no.: _____

Home tel.: _____

Work tel.: _____

Parent 2:

Initials and surname: _____

First name: _____

Home address: _____

Postal address: _____

E-mail address: _____

Work address: _____

Occupation: _____

Cell no.: _____

Home tel.: _____

Work tel.: _____

Additional information:

Other children in the family: Number: _____ Age: _____

Other children attending Robindale Nursery School & Baby Care and Louwtjies Pre-Primary: .

Language preference: Afrikaans English

Mark the appropriate block:

Collection time: -13:30 -15:30 -17:30

Medical Aid: _____ Medical Aid number: _____

State any speech or other impairment: _____

Please mention any problems e.g. thumb sucking, allergies, etc.: _____

Does your child suffer from any chronic or life threatening diseases: _____

Name of doctor: _____ Tel. no.: _____

Who will bring your child to school? _____ Cell no.: _____

Who will fetch your child from school if not the parents? _____

Cell no.: _____

Status of family: No.: _____

- | | | |
|-----------------|---------------------------|-----------------------------|
| 1. Both parents | 5. Widow | 9. Estranged with parent 1 |
| 2. Stepfather | 6. Guardian | 10. Estranged with parent 2 |
| 3. Stepmother | 7. Divorced with parent 1 | 11. Other (specify) |
| 4. Widower | 8. Divorced with parent 2 | |

Immunization:

Is your child immunized against the following?

Age of child	Immunization	Please tick
Birth:	Polio BCG (Tuberculosis – TB)	
6 Weeks	Polio, PCV, Rotavirus, DTP HIB, Hepatitis B	
10 Weeks	Polio, DTP HIB, Hepatitis B	
14 Weeks	Polio, DTP HIB, Hepatitis B, PCV, Rotavirus	
9 Months	Measles, PVC	
18 Months	Measles, DTP, HIB Polio	
6 Years	Polio, Td	
12 Years	Td	

Immunization against:

DTP – diphtheria, whooping cough and tetanus

Td – diphtheria, tetanus

HIB – Haemophilus influenza type b

PCV – Pneumococcal diseases (meningitis, pneumonia, blood and ear infection)

Rotavirus – diarrhoea caused by rotavirus

Hepatitis B – Liver disease

Undertaking:

- * I undertake to pay the school fees by the 3rd day of each month and to abide by the school rules of Fontainebleau Pre-primary School.
- * I undertake to give 1 months' notice should my child leave the school.
- * I hereby give permission that our telephone numbers can be put on the class list.
- * A non-refundable development/admission fee of R900.00 is payable. (SnapScan or EFT.)

SIGNATURES OF PARENTS: 1. _____ DATE: _____

2. _____