

# APPLICATION FORM 2024

## Section 1: Application details

Centre name	<input type="text"/>	Year applied for	<input type="text"/>
		Family code (existing parents only)	<input type="text"/>

## Section 2: Learner details

Surname	<input type="text"/>												
Name/s as on birth certificate/ID	<input type="text"/>												
Preferred name	<input type="text"/>												
ID number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Date of birth	<input type="text" value="DD/MM/YYYY"/>	Current age	<input type="text"/>	Gender:	Male <input type="radio"/>	Female <input type="radio"/>							
Home language	<input type="text"/>			2nd language	<input type="text"/>								
1st teaching language	<input type="text"/>			2nd teaching language	<input type="text"/>								
Number of children in family	<input type="text"/>	Position of child in family	<input type="text"/>										
Nationality	<input type="text"/>	Country of origin	<input type="text"/>	Immigration date	<input type="text"/>								
Race :	Asian <input type="radio"/>	African <input type="radio"/>	Coloured <input type="radio"/>	White <input type="radio"/>	Indian <input type="radio"/>	Other <input type="radio"/>							
Resides with :	Parents <input type="radio"/>	Guardian <input type="radio"/>											
Religion	<input type="text"/>												
Person dropping learner at Centre:							Person collecting learner from Centre:						
Name	<input type="text"/>			Name	<input type="text"/>								
Relationship	<input type="text"/>			Relationship	<input type="text"/>								

## Section 3: For office use

Interview date	<input type="text"/>	Approved	YES/NO	Family code	<input type="text"/>
Notes		Date approved	DD/MM/YYYY	Credit reference	<input type="text"/>
		Commencement date	<input type="text"/>	Siblings at the Centre	1 <input type="radio"/>
		Group/Grade	<input type="text"/>		2 <input type="radio"/>

## Section 4: Aftercare

Will the learner require aftercare?

Yes  No

- Please confirm availability at the Centre.

Please complete this section only if the learner will require aftercare:

Month and/ or year care is to commence:

## Section 5: Centre transport

Will the learner require Centre transport?

Yes  No

- Please confirm availability at the Centre.

Please complete this section only if the learner will require Centre transport:

Month and/ or year transport is to commence:

Transport route applied for:

AM

PM

## Section 6: Learner's educational details

Current school


Address

Tel . no .

Principal

Previous school


Address

Tel. no.

Principal

Has admission to any other school/s ever been refused?

Yes

No

If yes, please state the reason below:

Describe learners educational history:


## Section 7: Learner's medical details

Blood type      O+     O-     A+     A-     AB+     AB-     B+     B-     Unknown

Family doctor

Name		Tel. no.	
Address			

Medical aid

Name		Member no.	
Main member initials and surname			
Main member ID number			
Option			

Has learner received all the necessary immunisations?      Yes       No

If no, please state the reason below:

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Has the learner suffered from any of the following illnesses? Please indicate with an X.

Asthma <input type="radio"/>	Enteric fever <input type="radio"/>	Measles <input type="radio"/>	Scarlet fever <input type="radio"/>
Chickenpox <input type="radio"/>	German measles <input type="radio"/>	Mumps <input type="radio"/>	Tick bite fever <input type="radio"/>
Diabetes <input type="radio"/>	Hepatitis <input type="radio"/>	Polio <input type="radio"/>	Typhoid fever <input type="radio"/>
Diphtheria <input type="radio"/>	Malaria <input type="radio"/>	Rheumatic fever <input type="radio"/>	Whooping cough <input type="radio"/>

Does the learner suffer from any allergies?      Yes       No

If yes, please provide details below:

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Does the learner have any special medical needs?      Yes       No

If yes, please provide details below:

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Has the learner been diagnosed with any conditions or have support needs?      Yes       No

If yes, please provide details below:

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Is the learner receiving medical treatment for any condition?      Yes       No

If yes, please provide details below:

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Is /has the learner suffered from or received treatment for any psychological/emotional upset?      Yes       No

If yes, please provide details below:

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Has the learner had any operations?

Yes

No

If yes, please provide details below:

Please specify any other relevant medical details:

### Section 8: Learner's medical details – Consent

In a critical medical situation, please bear in mind that there may not be time to refer to the learner's records. The Centre, therefore, reserves the right to utilise the quickest medical service available.

I, \_\_\_\_\_, being the parent/legal guardian of \_\_\_\_\_, hereby agree that a medical practitioner may provide emergency treatment as may be necessary.

Signature

Date

### Section 9: Necessary supporting documents, completed sections and forms

**Important note: This application will only be processed if all fields are completed legibly, are signed, and all necessary supporting documents are attached.**

- CEMIS transfer document if available
- Copy of parents'/ legal guardians' ID s
- Copy of learner's FINAL progress report once available
- Completed and signed debit order form
- Copy of learner's latest progress report
- All sections completed and signed
- Copy of learner's birth certificate/ID
- Copy of learner's residence/study permit, if foreign

**Clear recent copies of all reports and/or assessments from a Specialist Dr or Educational Psychologist confirming learner diagnosis and/or support needs.**

### Section 10: Personal details of parent or legal guardian

☐\* Complete only if NOT the account holder, as referred to in section 13 &14.

Surname

Full names as on ID

ID number 

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Designation  Mr  Mrs  Ms  Miss  Dr

Rev  Prof.  Other

Relationship  Marital status

Occupation  Employer

## Section 10 : Personal details of parent or legal guardian (continued)

Residential address	Work address	Postal address

Tel. H  Tel. W  Cell

Email address

Parental status :      Learner living parent                       Learner's legal guardian   
                                  Access rights to learner                       Access rights in emergency only

## Section 11 : Personal details of parent or legal guardian

▶ Complete only if NOT the account holder, as referred to in section 13 & 14.

Surname

Full names as on ID

ID number 

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Designation      Mr               Mrs               Ms               Miss               Dr   
                          Rev.               Prof.               Other

Relationship               Marital status   
 Occupation               Employer

Residential address	Work address	Postal address

Tel. H  Tel. W  Cell

Email address

Learner living with parent                       Learner's legal guardian   
 Access rights to learner                       Access rights in emergency only

## Section 12 : Emergency contact details (not parental)

Full names and surname

Relationship

Tel. H  Tel. W  Cell

Email address

## Section 13 : Details – person responsible for account

Surname

Full names as on ID

ID number

Designation  
 Mr  Mrs  Ms  Miss  Dr   
 Rev  Prof.  Other

Relationship  Marital status

Occupation  Employer

Residential address	Work address	Postal address
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Tel. H  Tel. W  Cell

Email address

Parental status :  
 Learner living with person  Learner's legal guardian   
 Access rights to learner  Access rights in emergency only

Details of children in your care who are currently at our Centre:

1. Name <input type="text"/>	2. Name <input type="text"/>
3. Name <input type="text"/>	4. Name <input type="text"/>

Payment option  Monthly debit order Please complete the debit order form.

## Section 14: Signature of parent, legal guardian, and/or account holder

We, the undersigned, \_\_\_\_\_, hereby certify that the information provided in this application for admission is complete and accurate. We acknowledge that enrolment is subject to, inter alia, signing a learner admission contract that contains the detailed terms, conditions and requirements for admission.

We hereby authorise the Centre and/or any of its associates to conduct any credit enquiries on us as may be necessary from time to time.

We acknowledge that we have read the Centre-specific policies and Centre rules and will accept an offer of placement for our child at the Centre in accordance with the terms and conditions as set out therein. These documents, as amended from time to time, are available on the official Centre website.

## Section 14 : Signature of parent, legal guardian, and/or account holder (continued)

NB: The signatures of the account holder and both parents and/or legal guardians are required where applicable.

\_\_\_\_\_  
Signature of account holder

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of father/stepfather/legal guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of mother/stepmother/legal guardian

\_\_\_\_\_  
Date

## Section 15: Survey – services or facilities required

Centre transport

Yes

No

From where

Holiday care

Yes

No

## Section 16 : Survey – marketing

Where did you hear about us?

How satisfied were you with the service you received pre-enrolment?

Very satisfied

Satisfied

Unsatisfied

Very unsatisfied

Was the information received pre-enrolment:

Relevant

Informative

Sufficient

If not, please provide further details below:

# CONFIDENTIAL REPORT

Dear Principal

A learner from your school has applied for admission to Edu – Play Early Learning Centre.

Kindly complete the form below as it forms part of the application and is required for the observation period with us. Please e-mail it directly to Lizé du Toit (lize@edu-play.co.za), our Operational Director.

NAME OF LEARNER: \_\_\_\_\_

CURRENT SCHOOL: \_\_\_\_\_ GRADE: \_\_\_\_\_

Contact details of current school: Tel: ( \_\_\_\_\_ ) \_\_\_\_\_

Email: \_\_\_\_\_

Are you a private school or a government school? \_\_\_\_\_

## 1. ACADEMIC:

1.1. What is the size of the learner's current class [ \_\_\_\_\_ ]?

1.2. The learner's academic results fall into the [TOP] [MIDDLE] [BOTTOM] third of his/her class.

1.3. The learner's attitude is classified as [ABOVE AVERAGE] [AVERAGE] [BELOW AVERAGE].

1.4 Are there any areas of concern? If yes, please explain. \_\_\_\_\_

\_\_\_\_\_

1.5 Did the learner receive any kind of intervention? If yes, please explain? \_\_\_\_\_

\_\_\_\_\_

## 2. INFORMATION/BACKGROUND:

Has any assessments been conducted on the learner? YES  NO

If yes, please specify what kind of assessments was done \_\_\_\_\_

\_\_\_\_\_

Assessments conducted by: \_\_\_\_\_



### 3. SKILLS:

Please rate the abovementioned learner on the following scale:

5 = EXCELLENT 4 = GOOD 3 = AVERAGE 2 = WEAK 1 = VERY WEAK

#### WORK SKILLS

- Concentration
- Independence
- Listening skills
- Following instructions
- Task completion
- Reading ability

#### SOCIAL SKILLS

- Self-control
- Interaction with peers
- Group participation
- Behaviour

### 4. GENERAL INFORMATION:

Were the learner's parents involved in and/or supportive of the school? YES  NO

Please specify? \_\_\_\_\_

Is there anything else you feel we should know about the learner?

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Thank you very much for completing this form.

