



## Pre-Primary School Enrolment Form

Child's Full Name						Male	Female
Grade of Entry to THPPS						Proposed Date of Entry to THPPS	
D.O.B			20	ID Number			

### 1. General Information

Home language Child ..... Mother ..... Father .....

Language of instruction .....

Other languages to which child is exposed .....

Nationality of the child .....

Religion .....

	Father	Mother
Full Names		
ID Number		
Occupation		
Company		
Business Address		

Please tick the relevant block

**Mother      Father**

First marriage			Stepfather	
Second marriage			Stepmother	
Divorced			Foster parents	
Widow/er			Adoptive parents	
Single Parent			Guardian	

If the parents are divorced, does the child have contact with both parents? .....

How often? .....

Child's position in family ..... child of.....children

Names of Siblings	Dates of Birth	School and Grade

Current home environment/ circumstances pertaining to the time of the consultation .....

.....  
.....

## 2. Birth History

Was the baby born before or after the due date? Before:  After:

How long before or after? .....

Type of delivery

Normal  Caesarean  Baby's birth weight .....

Concerning complications at birth? .....

.....  
.....

## 3. Allergies

Any allergies we need to be aware of? .....

.....  
.....

**4. Developmental History**

Developmental Milestones	Age	Developmental Milestones	Age
Sat at		Toilet Control	
Crawled at		Bowel	
Walked at		Bladder	

Problems? .....

.....

**Hand Dominance** (*left or right*)

Child	Mother	Father
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**Speech and Language Development**

Speech and Language Development	✓
Developed normally	
Developed in a delayed/deviant manner	
Developed normally and then became deviant	
Speech is intelligible	

Description of speech and language development at present .....

.....

**Sensory Motor integration**

Does he/she:

Dislike being cuddled? .....

Dislike walking barefoot? .....

Dislike specific textures of clothing eg. labels? .....

Seem clumsy, accident-prone, often fall or walk into things? Specify .....

.....

.....

Dislike certain textures of food? .....

Avoid balancing activities? i.e. does the child seem anxious when climbing steps, playing on jungle gyms, slides, etc? Specify .....

Ride a bicycle confidently without balancing wheels? Age at commencement .....

Enjoy fine motor activities? (colouring in, cutting out, construction games, etc.) .....

Keep himself/herself busy playing constructively? .....

How much screen time does your child have per day? .....

**5. Medical History**

**Childhood Illnesses and Problems**

	✓	Age		✓	Age
Measles			Chicken pox		
German measles			Mumps		
Croup			Convulsions		
Coronavirus			Chronic ear infections		

Injuries? (Please explain) .....

Operations? (Please state age) .....

Hospitalization? (Please state age) .....

**Current Medication**

Name ..... Dose ..... Duration .....

Reason for administration .....

Name ..... Dose ..... Duration .....

Reason for administration .....

**Vision**

Have his/her eyes been tested?

Yes

No

By whom

.....

Result of test

.....

**Hearing**

Has a hearing test been administered?

Yes

No

By whom

.....

Result of test

.....

Do you think your child's hearing is normal?

Yes

No

Has your child had any ear infections?

Yes

No

Grommets?

Yes

No

Antibiotics?

Yes

No

Other? (Specify)

.....

.....

**6. Previous Evaluations**

	Age	Name of Practitioner	Tel Number	Treatment
Medical				
Neurological				
Psychological				
Speech Therapy				
Occupational Therapy				
Other				

## 7. Scholastic History

Previous school/s attended .....

Language medium of previous school/s .....

Problems experienced in previous school/s .....

.....

.....

Is there a family history of learning disabilities/ADHD/depression/anxiety? Please give details .....

.....

.....

	✓	Explanation
Attention Span/Hyperactivity		
Lack of perseverance		
Unwilling to venture		
Moodiness		
Behaviour		
Poor Socialisation		

## 8. Behaviour and Emotional State

### Independence

Is your child able to undertake activities independently?

Get dressed? Yes  No

Get undressed? Yes  No

Fasten shoes? Yes  No

Tie shoelaces? Yes  No

Eat Independently? Yes  No

Does the child separate easily from parents? If not, give details .....

.....

Has the child been separated from parents for a long period of time? (i.e.hospitalisation etc) .....

If yes, why? .....

.....

Does your child display the following behaviours? *(Please tick only if the behaviour is extreme)*

Aggression		Anxiety	
Jealousy		Fears	
Shyness		Temper tantrums	
Thumb sucking		Insomnia	
Night Terrors		Stutter	
Destructive behaviour			

Other .....

**Relationships**

Describe child's relationship with sibling/s .....

.....

Does your child socialise well with peers? .....

Does he/she follow or take the lead? .....

Does he/she often fight with friends? - if so, why? .....

.....

Confidence and self-esteem .....

.....

**This developmental history is confidential and serves the purpose of staff being in a position to understand and support your child whilst fulfilling his/her unique and individual needs. Please inform the Principal and relevant teacher should there be any change or upheaval in your home or circumstances eg. a death, marital conflict or divorce, arrival of a new baby, moving house, etc.**

**Please add anything here that you feel is important, but was not covered in the questionnaire.**

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**Thank you for your co-operation.**





## 10. Forms to accompany this application

- 10.1 Birth certificate or sworn statement verifying names and date of birth of applicant.
- 10.2 A copy of passport and work permit for non-South African applicants.
- 10.3 I.D. photo of applicant.
- 10.4 Medical Form.
- 10.5 Media Form.
- 10.6 Financial Clearance Form.

This completed application form along with all the relevant documentation must be returned to:  
Theodor Herzl School, Corner of Church Road and 14th Avenue, Walmer, Port Elizabeth  
Telephone: 041 581 4244

## 11. Agreement and Indemnity

*(Both parents, where relevant, are required to sign this form)*

Name of Pupil: .....

.....

**I/We the undersigned, hereby contract and agree that, should our child be accepted as a pupil at Theodor Herzl Schools, the following will apply:**

- 11.1 FEES:** All school fees, as fixed by the Governing Body of Theodor Herzl Schools from time to time, are payable termly in advance and we undertake to pay interest at the prime rate on all school fees and disbursements in arrears. A statement prepared and presented by the Bursar showing the amount owing by us to the school shall be sufficient and satisfactory proof of the amount due by us to the school. (Current schedule attached)
- 11.2** The school reserves the right to exercise all reasonable options available in order to collect any arrears.
- 11.3 NOTICE:** A full term's notice of withdrawal of the pupil from the school is required in writing or, in lieu thereof, we agree to pay a full term's fees before removing the abovementioned pupil from Theodor Herzl Schools.
- 11.4 RULES:** All pupils are subject to the system of discipline and the rules of the school.
- 11.5 WITHDRAWAL:** Should a pupil be withdrawn or expelled from the school, I/we accept that I/we will remain responsible for all fees and disbursements for the relevant term.
- 11.6 'IN LOCO PARENTIS':** At all times during school terms we authorise the Principal to act 'in loco parentis' including granting consent for medical treatment, operations and anaesthetics. The exact interpretation of this phrase in any emergency must be at the discretion of the Principal (or his/her appointed deputy), who will consult the parents where, in his/her opinion, this is possible.
- 11.7 INDEMNITY:** I/We hereby agree that while the said pupil is enrolled at Theodor Herzl Schools and is conveyed or transported at any time for any purposes whatsoever, then it shall be at ours and the pupil's own risk. We understand this to mean that we agree to allow the pupil to be transported or conveyed on the understanding that, while all reasonable care shall be taken to ensure the safety of the pupils, the school, parents who are acting for the school or individual employees of the school, shall not be liable in law to the said pupil for any damages arising out of bodily injury to the pupil. Likewise, should we become liable to pay medical or other expenses to any third party as a result of bodily injuries suffered by the said pupils as aforesaid, we understand that we will have no claim against Theodor Herzl Schools or any individual staff member or employee of the school for recovery of such expenses. This indemnity will also apply to the pupil's involvement in any extra-mural activities.

- 11.8 INSURANCE:** It is the responsibility of the parents/guardian to ensure that the pupil is adequately insured against personal injury or related risks. It is further the responsibility of the parent/guardian to ensure that all personal belongings of the said pupil are adequately insured against loss, and the school cannot be held responsible for loss or damage to the personal property of the pupil.
- 11.9 ACCEPTANCE FEE:** Upon acceptance of the above pupil, a non-refundable amount will be payable. This amount will be credited to your account at the end of your child/children's first year at Theodor Herzl Schools. In addition to this, a non-refundable administration fee is required.
- 11.10** I/We confirm that the information given on this form is correct. Theodor Herzl may refuse any application that does not fully disclose all relevant information.

Dated this ..... day of..... 20 .....	Dated this ..... day of..... 20 .....
at .....	at .....
Signed.....	Signed.....
Print name ..... (Father / Guardian)	Print name ..... (Mother / Guardian)
Physical address in R.S.A .....	Physical address in R.S.A .....
.....	.....
.....	.....
.....	.....

FOR OFFICIAL USE		
Admission Grade:.....	Date: .....	Admission No:.....
Computer No:.....	Application Receipt No: .....	
Acceptance Fee Receipt No:.....		
Principal's Signature:.....	Date: .....	