

Next of kin	Name:	Number:
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Kindergarten: 2 TO 4 YRS

Reception: 4¹/₂ TO 6 YRS

Has your child ever been identified as having any specific learning needs (is gifted or has a specific learning difficulty)? If yes, please give details below:

Has your child received any specialized support for a learning need in the past? If yes, please give details below:

PLEASE NOTE:

1. It is important to disclose your child's history.
2. Completion of this form does not guarantee that a place will be offered.
3. To qualify for entry into any level, a child should have attained the official entry age.
4. In addition, a **passport size photograph** and a photocopy of the **child's birth certificate, and parents ID,s** must accompany the completed form.

Child's Allergies, if any:

Family Doctor: Name: _____ Landline: _____ Cell: _____

DECLARATION BY PARENT/LEGAL GUARDIAN:

1. I declare that the information furnished on this form is correct to the best of my Knowledge.
2. I understand that the non-refundable Development Levy serves to confirm my acceptance of a school place. I further acknowledge that the Development Levy is distinct from the Term Fees and that it is **Non-Refundable**.
3. That I have read and fully understood all the terms and conditions elaborated in the school prospectus
4. I understand that fees must be paid in advance or in 2 installments only, and that it is my contractual responsibility to pay fee on time to ensure that my child is not sent out of class for nonpayment of fees

SIGNED: _____

DATE: _____

FATHER		MOTHER		LEGAL GUARDIAN	
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