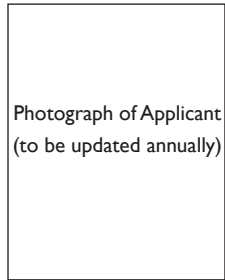




Application for Enrolment

Photograph of Applicant
(to be updated annually)



SECTION A: CHILD DETAILS

Child's Surname: _____

First Names: _____

Date of Birth: _____ Identity number: _____

Citizenship: *(if not a citizen of South Africa, a certified copy of a residence permit to be attached)*

Religion: _____ Home Language: _____

Is applicant related to anybody already at the school: YES NO

Name and relationship: _____

School at time of this application: _____

Please list schools that applicant has attended previously: _____

SECTION B: PARENT DETAILS

Father's/Guardian's Surname:	Mother's/Guardian's Surname:
Father's/Guardian's First Name:	Mother's /Guardian's First Name:
Father's I.D Number:	Mother's I.D Number:
Residential Address:	Residential Address:
Home Telephone:	Home Telephone:
Cellular Number:	Cellular Number:
Fax Number:	Fax Number:
E-mail:	E-mail:
Postal address:	Postal address:
Work name & address:	Work name & address:
Work telephone number:	Work telephone number:
Occupation:	Occupation:

SECTION C: SIBLING DETAILS

Name: _____ Date of Birth: _____ Current school: _____

Name: _____ Date of Birth: _____ Current school: _____

Name: _____ Date of Birth: _____ Current school: _____

Name: _____ Date of Birth: _____ Current school: _____

SECTION D: BACKGROUND DETAILS

1. What position in the family does your child hold? *Circle your option.*

YOUNGEST OLDEST MIDDLE ONLY CHILD 2nd 3rd 4th

2. What special circumstances has your child been exposed to: *You may circle more than one option.*

ADOPTED FOSTERED LOSS OF PARENT DIVORCE STEP-MOM STEP-DAD
STEP-SIBLINGS LIVING WITH GRANDPARENT LIVING WITH AN AUNT/UNCLE CARE BY DOMESTIC WORKER

3. How involved is your extended family such as grandparents in the upbringing of your child? *Circle your option.*

NOT AT ALL OCASSIONALLY MONTHLY WEEKLY DAILY

4. At what age did your child start talking? _____

5. At what age did your child start walking? _____

6. What interests does your child have? _____

7. Have you identified any specific strengths or talents in your child? _____

8. How well does your child interact with other children? _____

9. How do you discipline your child at home? _____

10. How does your child respond to authority? _____

11. What does your family do for leisure? _____

12. How much time does your child spend with each parent or care-giver in his/her life? _____

13. What is your child's eating preferences? _____

14. Who cooks dinner at home and what is your dinner time routine? _____

15. How much T.V viewing time does your child have and what does your child watch? _____

16. Has your child been exposed to pets/animals? Please state specifics of any pets you have. _____

17. Does your family recycle? _____

18. Please give specifics of religious practices within your family. _____

19. Please advise us of any other information regarding your child that you think we should know about.

SECTION E: PAYMENT DETAILS

Little Zealers Academy is in an independent school and the payment of school fees, is compulsory and, in terms of the South Africa Schools Act No. 84 of 1996, legally enforceable. The parents/legal guardians/custodians of a learner are jointly and severally liable for the payment of school fees irrespective of any internal arrangements agreed upon between them.

Registration & Enrolment fee to accompany application form (non refundable)		R 150.00
Deposit (once off payment to secure your child's space which is non-refundable but is credited to school fees in the final month of enrolment.)		R 1,500.00
Grade R Programme Fee (scissors, pencils, crayons, work file, specialised art supplies for Grade R activities and worksheets)		R350.00
Ages	Monthly Tuition Fees (full day with aftercare & all meals)	Once off Kit Fee (incl. Accident Insurance Policy, Zeal for Life® Family Programme, Parent handbook, Child notebook, Art bag, School bag, Zeal the Zebra shows his true colours book, Zeal Tunes CD, Hat, Face Cloth, Mattress Cover)
2 years - 6 years	R1,650.00	R800.00



Indicate preferred payment plan: Annually in advance Termly Monthly*
discounts provided for annual and termly options *parents wishing to exercise this option are requested to put a stop order in place.

If parents are separated or divorced:
 • Correspondence and reports to: _____
 • Fee Statement of account to: _____
 • With whom is applicant living? _____

I hereby apply for admission for the above-mentioned child as a learner at Little Zealers Academy _____.
 On acceptance, I agree to pay all school fees in advance and to give a month's notice in writing to the Headmistress before withdrawing him/her from the school, or alternatively, to pay a month's fees in lieu of notice. All deposits paid on acceptance will be credited to the last month of school fees after I have given a month's notice to exit the school. I understand that if I should withdraw my child during a term, or if he/she should leave the school for any reason whatsoever during a term, whether at my instance or that of the Headmistress, the current month's fees shall be forfeited and I shall also be liable for a month's fees in lieu of notice. I understand that all fees are payable by the 1st of the month and payment after the 5th will be liable for interest. I also agree that no refund of fees will be made if a child is absent for all or part of a term.

I understand and agree that if _____ is accepted at Little Zealers Academy _____:
 a) the school will not be liable for any damage following upon injury to him/her whilst at school, taking part in an extra-mural activity of sport or an excursion.
 b) the fact that he/she cannot attend school does not relieve me of my liability for fees
 c) the school is not responsible for loss or damage to the clothing and other personal property of this child

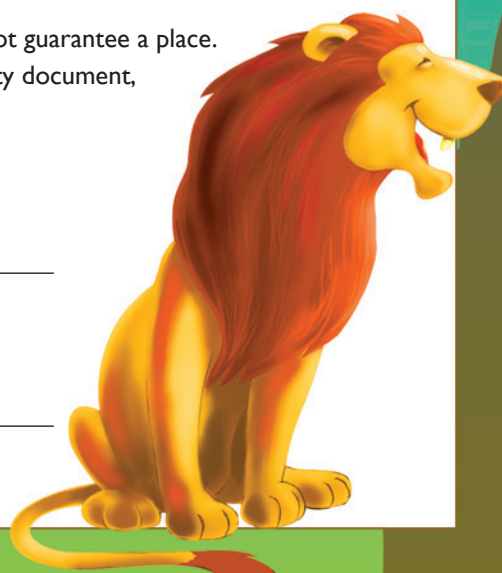
I enclose a registration fee of R150-00 which I understand is non-refundable and does not guarantee a place. I enclose copies of my son/daughter's most recent school report, birth certificate, identity document, assessment reports and immunisation records.

 Father's/Guardians signature

 Date

 Mother's/Guardians Signature

 Date



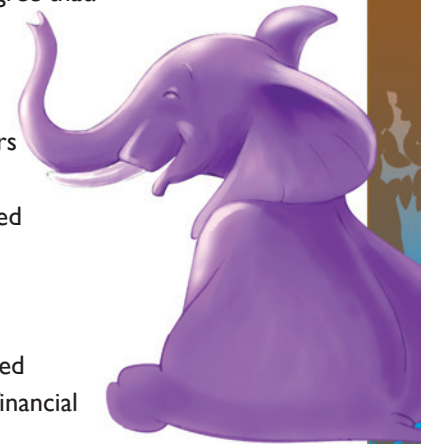
SECTION F: MEDICAL INFORMATION

The information listed below is required for our medical records and if we are unable to contact you should your child require medical treatment.

I, _____, in my capacity as parent/guardian of _____ do hereby consent and agree that:

1. in the event of an emergency, or
2. in the circumstances where it is not practical or feasible to obtain the services of the usual medical or dental practitioner who attend to my child, the Headmistress and staff of Little Zealers Academy _____ or any other person authorized by the school shall be entitled to arrange for any medical treatment required for the benefit of my child to be performed by such other doctor or dentist in the area who is available at the time.
3. I agree to pay the cost of such treatment

I hereby indemnify Little Zealers Academy _____ and any duly authorized representative of the school who may arrange such treatment on behalf of my child, against any financial or legal claim from such treatment.



Signed _____

_____ Date

Doctor's name: _____	Doctor's Telephone: _____
Dentist's name: _____	Dentist's Telephone: _____
Specialist's name: _____	Specialist's Telephone: _____

EMERGENCY CONTACT NAME & DETAILS IF PARENTS CANNOT BE LOCATED:

Name & Surname: _____

Relationship: _____ Address: _____

Home Telephone: _____

Work Telephone: _____

Cellular number: _____ Postal Code: _____

MEDICAL AID DETAILS OF PERSON RESPONSIBLE FOR ACCOUNT:

Member's Name: _____ Medical Aid Society: _____

Medical Aid No: _____ Date Joined: _____

Medical Aid Telephone: _____ Prior authorization required? YES NO

I.D Number: _____ Address: _____

Occupation: _____

Home Telephone: _____

Work Telephone: _____

Cellular Number: _____ Code: _____



IMMUNISATION RECORD *Please tick if yes*

- Tuberculosis (BCG) at birth
- Tuberculosis (BCG) at 3 months
- Diphtheria, Whooping Cough, Tetanus (DWT) and Polio at 3 months
- Diphtheria, Whooping Cough, Tetanus (DWT) and Polio at 4 and a half months
- Diphtheria, Whooping Cough, Tetanus (DWT) and Polio at 6 months
- Measles at 6 months
- Diphtheria, Whooping Cough, Tetanus (DWT) and Polio at 18 months
- Diphtheria & Tetanus at 5 years
- German Measles

HAS YOUR CHILD HAD ANY OF THE FOLLOWING AILMENTS? *Please tick if yes*

- Asthma
- Bilharzias
- Chicken pox
- Diabetes
- Encephalitis
- Epilepsy
- German Measles
- Glandular Fever
- Hepatitis
- Jaundice
- Malaria
- Measles
- Meningitis
- Mumps
- Nephritis
- Rheumatic fever
- Tuberculosis
- Urinary infections
- Whooping Cough

PLEASE GIVE US THE FOLLOWING INFORMATION ON YOUR CHILD?

1. Any allergies? _____
2. Is your child undergoing any treatment at present? _____
3. Does your child take any ongoing medication? _____
4. Indicate any other illnesses/operations or injuries your child has experienced: _____
5. Is there any family history of illness? Please specify. _____

Do you give permission to administer medication should the school be unable to contact you when your child is running a temperature or has diarrhea? YES NO

Signature of parent guardian

Date

SECTION G: ADMISSIONS CHECKLIST FOR OFFICE USE ONLY

ADMINSTRATOR CHECKLIST

DATE:

BURSAR CHECKLIST

DATE:

- | | | | |
|--------------------------------------|-------|---|-------|
| Signed enrolment received in full | _____ | Registration fee paid | _____ |
| Birth certificate of child | _____ | Rec # | _____ |
| Immunization Record | _____ | Little Zealers Kit paid | _____ |
| Copy of child's birth certificate | _____ | Rec # | _____ |
| Copy of parent/guardian ID documents | _____ | Deposit paid | _____ |
| Proof of residence | _____ | Rec # | _____ |
| Previous school report | _____ | Grade R fee paid | _____ |
| Little Zealers Kit issued | _____ | Rec # | _____ |
| Updated photo provided | _____ | Sibling account checked (if applicable) | _____ |