



21B Digtebij Crescent
Mabille Park
Kuilsriver
7580

☎ 021 906 6980

Email: gviljoen@hebronacademy.co.za

A REGISTERED NON-PROFIT ORGANISATION NO: 043-617-NPO

ANNEXURE C (A)

GRADE RR, R AND 1 (ONE) APPLICANTS

Dear Parent /Guardian

RE: APPLICATION FOR ADMISSION – GRADES RR, R AND 1 (ONE)

Thank you for your enquiry regarding the application for admission on behalf of your child.

Kindly complete the attached form (**in black ink**) which will provide an overview of your child's school readiness.

Do not feel that reporting a visit to a therapist of any kind will jeopardize your child's admission to this school.

In order to reach a comprehensive assessment, this information will guide us with our decision and planning for any support that your child may need.

There is a section of this form that needs to be completed by your child. Please do this with your child when you are both unrushed and relaxed.

Return this form (**and Annexure A (A)**) duly completed and signed together with the school readiness assessment fee of **R500 .00** (five hundred rand) on the day of the planned assessment.

Thank you for your assistance

Mrs. Ruzanne Coetzee
Head of Department
Foundation Phase
Hebron Christian Academy

LEARNER'S NAME: _____ **DATE OF BIRTH:** _____

1. Position of child in family: _____ of _____
(Eg.1st of 2; or 3rd of 3; etc.)

2. Previous schools attended by your child (including current school)

Name of school	From	To	Class
1.			
2.			
3.			

3. Were there any difficulties during the pregnancy? _____

If yes, please give a brief description:

4. Was the birth at full term or premature? _____
If premature, how premature? _____

5. Was the birth (please tick appropriate box)?

Normal	Instrument Assisted	Elective Caesarian	Emergency Caesarian
--------	---------------------	--------------------	---------------------

6. Are there any eating disorders or food allergies? _____

If yes, please list or describe:

7. Has your child had any repeated ear infections or grommets inserted, especially in the first three years? _____

If yes, please list number of infections and approximate dates or age of your child

Date(s) of insertion of grommets:

8. Has your child's eyesight been tested? _____

If yes, please give the date of the test _____

What were the results?

If you were given a report, please attach a copy.

9. Has your child's hearing been tested? _____

If yes, please give the date of the test: _____

What were the results?

If you were given a report, please attach a copy.

10. Has your child been assessed by any other professional e.g. Psychologist, Speech Therapist, Occupational Therapist etc.? _____

If yes, what Therapist/Therapists?

Please give approximate time period. _____

What were the results?

If you were given a report, please attach a copy.

11. Is your child taking any medication at present? _____

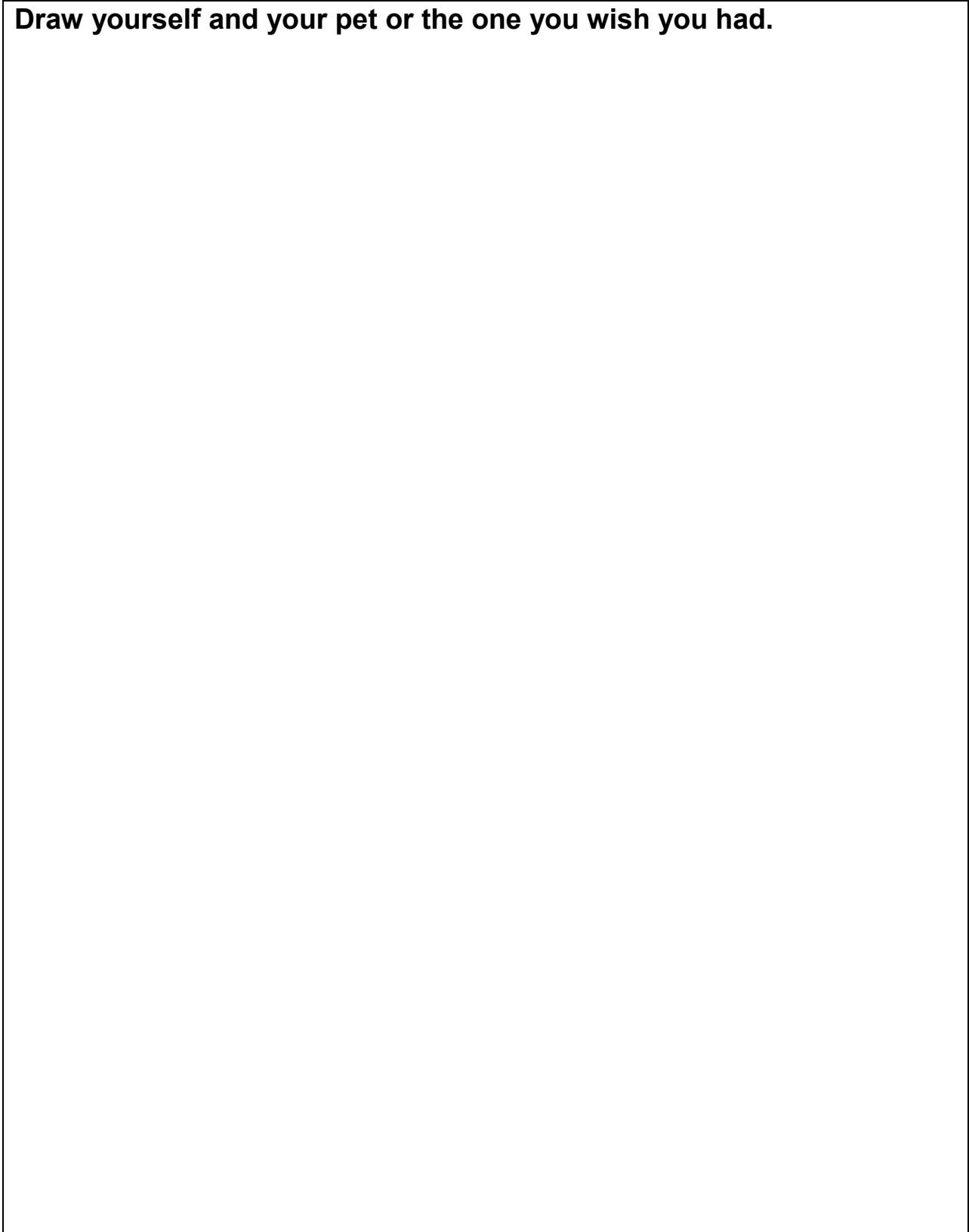
If yes, state what and what it is for:

Is this medication short or long-term? _____

12. Please list any factors that may possibly affect your child's development e.g. a traumatic event such as the recent death of a close family member, divorce, one parent working away from the home for long periods etc.

See over leaf for your child's form. Your child needs to draw his/her own drawing.

Draw yourself and your pet or the one you wish you had.



We/I declare the above information concerning our/my child to be true.

Father's Name: _____ Signature: _____
(Please print)

Mother's Name: _____ Signature: _____
(Please print)

OR

Guardian's Name: _____ Signature: _____
(Please print)

Date: _____