

OFFICE USE ONLY:			
CLASS/GRADE APPLYING FOR & YEAR			
ASSESSMENT DATE & TIME			
BIRTH CERTIFICATE			
CLINIC CARD			
MEDICAL FORMS			
ADMIN FEE RECEIPT NUMBER			
DATE OF ENTRY TO KINGS			
C/C	A/L	P/F	



KING'S SCHOOL - GOODWOOD
021-595-0059 - goodwood@kings.org.za

APPLICATION FOR ADMISSION

Please attach the following documents to your application

- Copy of your child's Birth Certificate
- Copy of the vaccination record (Clinic Card)
- Copy of recent School Report (if applicable)
- Copy of any professional reports e.g. Occupational Therapy, Speech Therapy, Clinical Psychologist
- Copy of both parent's Identity Documents
- Current proof of residence (not older than 3 months)
- 3 month salary slips of person responsible for the account

Acceptance of this form by King's School does not imply formal acceptance of the pupil into the school.

(Please print clearly)

PUPIL'S INFORMATION

SURNAME _____

CHRISTIAN NAMES _____

MALE/FEMALE _____

DATE OF BIRTH _____ (DAY) _____ (MONTH) _____ (YEAR)

HOME LANGUAGE _____

ADDRESS _____

PARENT CHURCH AFFILIATION

RELIGION/DENOMINATION: _____

NAME OF PASTOR: _____

SUMMARY OF CHURCH INVOLVEMENT: _____

PUPIL'S EDUCATIONAL DETAILS

CEMIS NO. (IF APPLICABLE) _____

PRESENT PRE-SCHOOL/SCHOOL _____

ATTENDANCE FROM : _____ TO: _____

NAME OF PRINCIPAL/DAY MOTHER _____ TEL NO.: _____

PRESENT GRADE (IF APPLICABLE) _____

LAST GRADE PASSED _____

GRADE(S) REPEATED _____

DATE FOR ADMISSION _____

GRADE FOR ADMISSION _____

If the pupil is experiencing difficulty and/or receiving lessons in any area/subject, please give details.

If a clinical psychologist/occupational therapist/speech therapist or physiotherapist have tested the pupil, please give details:

If the pupil has ever been asked to leave, been suspended or expelled, or refused admission to any other educational institution, please give details.

PUPIL'S SIBLINGS

NAME _____ AGE _____

NAME _____ AGE _____

PARENTS' PERSONAL INFORMATION

CHILD'S NAME:		
	FATHER	MOTHER
TITLE		
SURNAME		
FIRST NAME		
MARITAL STATUS		
POSTAL ADDRESS		
TELEPHONE: HOME		
WORK		
FAX		
CELL		
EMAIL ADDRESSES		
NATIONALITY		
HOME LANGUAGE		
PROFESSION / OCCUPATION		
EMPLOYER/COMPANY		
GIFTS/TALENTS YOU CAN CONTRIBUTE TO THE SCHOOL		
ALL MATTERS RELATING TO FINANCE TO BE EMAILED TO:		
NAME: _____ EMAIL ADDRESS: _____		

ALTERNATE CONTACT PERSON FOR EMERGENCIES

NAME: _____

RELATIONSHIP TO CHILD _____ CONTACT NOS.: _____

IN CASE OF AN EMERGENCY

If a pupil becomes ill or has had an accident at school, every attempt will be made to notify the parents or the alternate contact person. If they cannot be located the child will be referred to the family doctor.

HOW DID YOU FIND OUT ABOUT OUR SCHOOL? _____

*I hereby **acknowledge receipt of the King's School Prospectus and will take cognizance of the contents thereof.***

PARENT'S SIGNATURE: _____ **DATE:** _____

KING'S SCHOOL

CONFIDENTIAL QUESTIONNAIRE

FAMILY

FAMILY	
CHILD'S NAME & SURNAME:	AGE:
FAMILY PLACEMENT:	SIBLINGS:
GENERAL FAMILY HISTORY (WEAKNESSES OF SIGHT, HEARING, HEART ETC OR LEARNING DIFFICULTIES)	

HISTORY OF BIRTH

PREGNANCY (NUMBER OF WEEKS):			
DELIVERY (NORMAL/C SECTION):			
WAS BABY DISTRESSED AT BIRTH?			
WHAT WAS YOUR FIRST REACTION TO YOUR BABY?			
FEEDING	BREAST:	BOTTLE:	WHEN WEANED:
FEEDING DIFFICULTIES:			

DEVELOPMENT

AGE:	SIT	CRAWL	WALK
HOW DID YOUR CHILD MOVE BEFORE WALKING?			
GENERAL HEALTH:			
DOES YOUR CHILD GO TO THE TOILET ON OWN?		DOES YOUR CHILD STILL HAVE NIGHT BOTTLE OR DUMMY?	
DOES YOUR CHILD WET THE BED, OR WEAR A NIGHT NAPPY?			

LANGUAGE

AGE OF TALKING:	WORDS:	SENTENCES:
IS THERE A LACK OF SPEECH?		
DOES YOUR CHILD HAVE ANY SPEECH DIFFICULTIES?		
IS THERE MUSIC IN THE HOME?		
DOES YOUR CHILD SING?		

TEETH

WHEN DID YOUR CHILD CUT FIRST TOOTH?
DID YOUR CHILD HAVE TEETHING DIFFICULTIES ?(DESCRIBE)
HAS YOUR CHILD VISITED THE DENTIST?

MEDICAL HISTORY

HAS YOUR CHILD ANY PHYSICAL DEFECTS?	
HAS YOUR CHILD ANY HEARING OR SIGHT PROBLEMS?	
HAS YOUR CHILD HAD EYES TESTED?	
HAS YOUR CHILD HAD HEARING TESTED?	
HAS YOUR CHILD HAD ALL RELEVANT IMMUNIZATIONS?	
DOES YOUR CHILD DEVELOP EXCESSIVELY HIGH FEVERS WITH CONVULSIONS? IF SO HOW IS IT TREATED?	
WHAT OPERATIONS HAS YOUR CHILD HAD? GIVE DETAILS.	
DOES YOUR CHILD HAVE A HISTORY OF ILLNESS? IF SO GIVE DETAILS.	
HAS YOUR CHILD BEEN HOSPITALIZED?IF SO GIVE DETAILS	
WHAT INFECTIOUS DISEASES HAS YOUR CHILD HAD?	
DOES YOUR CHILD RECEIVE ANY MEDICATION AT THE MOMENT? IF SO GIVE DETAILS	
DOES YOUR CHILD HAVE ANY ALLERGIES?	

SLEEP

WHAT TIME DOES YOUR CHILD GO TO BED?	
WHAT TIME DOES YOUR CHILD FALL ASLEEP?	
WHERE DOES YOUR CHILD SLEEP?	
WHAT TIME DOES YOUR CHILD WAKE UP?	
DOES YOUR CHILD SLEEP IN THE AFTERNOON?	
DOES YOUR CHILD SLEEP PEACEFULLY?	

DOES YOUR CHILD NEED A COMFORTER WHEN IN BED?(SUCK THUMB, HAVE DUMMY OR BLANKET)	
DOES YOUR CHILD PLAY IN BED?	
DOES YOUR CHILD SING IN BED?	

PLAY

WHAT DOES YOUR CHILD PLAY WITH?	
DOES YOUR CHILD PACK AWAY PLAYTHINGS?	
IS YOUR CHILD DEPENDENT ON ADULT ATTENTION?	
CAN YOUR CHILD PLAY ON HIS/HER OWN?	
HOW MUCH TV DOES YOUR CHILD WATCH?	
DO YOU READ BOOKS TO YOUR CHILD? WHEN AND HOW OFTEN?	

GENERAL

IS YOUR CHILD USUALLY HAPPY?	
DOES YOUR CHILD CRY EASILY?	
IS YOUR CHILD EASILY FATIGUED?	
DOES YOUR CHILD GET EASILY EXCITED?	
DOES YOUR CHILD HAVE ANY NERVOUS HABITS?	
WHAT IS YOUR CHILD AFRAID OF?	
DOES YOUR CHILD DEMAND ATTENTION OR AFFECTION?	
HAS YOUR CHILD A LOW FRUSTRATION TOLERANCE?	
HOW IS YOUR CHILD DISCIPLINED BY MOTHER?	
HOW IS YOUR CHILD DISCIPLINED BY FATHER?	
HOW DOES YOUR CHILD HANDLE DISCIPLINE?	
DOES YOUR CHILD HAVE TEMPER TANTRUMS?IF SO HOW DO YOU HANDLE THESE?	
DOES YOUR CHILD EAT WELL?	
DOES YOUR CHILD EAT A BALANCED DIET?	
WHAT IS YOUR CHILD'S CONCENTRATION LIKE?	

ANY OTHER INFORMATION WE SHOULD KNOW ABOUT YOUR CHILD.

SIGNATURE:

DATE:

MEDICAL HISTORY

PUPIL'S MEDICAL INFORMATION

Name of Child _____

Name of Family Doctor _____

Doctor's Phone Number _____

Medical Aid _____

Medical Aid Number _____

ILLNESSES

Does your child have a longstanding illness of which we need to be aware? Yes No
Please give details below and continue on a separate sheet if necessary.

ALLERGIES

Indicate any serious allergy/allergies that your child has and which the School would have to treat in an emergency. Give full details i.e. epi pen

HOSPITALISATION (if applicable)

Date

Illness or Operation

Date	<i>Illness or Operation</i>
_____	_____
_____	_____

Anything else you would like to mention about your child's health or well being.

CURRENT MEDICATION

List all medication your child takes, prescription or over the counter.

IMMUNISATION HISTORY

Indicate the various illnesses against which your child has been immunised.

_____	_____
_____	_____
_____	_____

ADDITIONAL USEFUL INFORMATION

Has your child ever had any of the following (if yes, please furnish with details).

	YES	NO
Frequent or severe headaches	<input type="checkbox"/>	<input type="checkbox"/>
Dizzy spells, fainting or blackouts	<input type="checkbox"/>	<input type="checkbox"/>
Epilepsy or seizures	<input type="checkbox"/>	<input type="checkbox"/>
Eye trouble or vision problems	<input type="checkbox"/>	<input type="checkbox"/>
Difficulty with hearing	<input type="checkbox"/>	<input type="checkbox"/>
Other ear, nose or throat problems	<input type="checkbox"/>	<input type="checkbox"/>
Hay-fever or other allergies	<input type="checkbox"/>	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	<input type="checkbox"/>
Wheezing or shortness of breath	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
Joint or bone deformity or fracture	<input type="checkbox"/>	<input type="checkbox"/>
Frequent trouble sleeping	<input type="checkbox"/>	<input type="checkbox"/>
Difficulty in relaxing or calming down	<input type="checkbox"/>	<input type="checkbox"/>
Tuberculosis/close association with someone with TB	<input type="checkbox"/>	<input type="checkbox"/>
Anaemia	<input type="checkbox"/>	<input type="checkbox"/>
Rheumatic fever	<input type="checkbox"/>	<input type="checkbox"/>
Learning disability or disorder	<input type="checkbox"/>	<input type="checkbox"/>
Behavioural or discipline problem at home or school	<input type="checkbox"/>	<input type="checkbox"/>
Any form of therapy	<input type="checkbox"/>	<input type="checkbox"/>

COMMENTS:



UNDERTAKING FOR LANGUAGE INTERVENTION

To be completed by parents / guardians of children whose home language is not predominantly English.

I, _____ parent / guardian of _____
fully understand that:

- I am enrolling my child at King's School and that the medium of instruction is English.
- The Language Policy of the School has been explained to me and that because my child does not have English as his / her mother tongue; he / she may experience difficulties in a school with English as the medium of instruction.
- Should my child experience barriers to learning in this context, King's School will give guidance and assistance on how best to help my child. I will be responsible for any additional costs incurred for additional intervention such as remedial therapy, scholastic assessment, additional language support classes, speech therapy, etc.
- In order for my child to reach his / her potential and to achieve academic success, I will need to provide these additional interventions at my own expense should the need arise.

SIGNATURE: _____

DATE: _____



FINANCIAL CONTRACT BETWEEN

and

KING'S SCHOOL, GOODWOOD
(Both parents are required to sign this form)

We, the undersigned hereby contract and agree that, should our child be accepted to **King's School, the following shall apply:**

1. All school fees, as fixed by the School Board of King's School from time to time, are payable on the first day of every month for a total of 11 (eleven) calendar months (January – November) per year and we jointly undertake to pay such fees via debit order payment. We understand that fees are paid by debit order and it is our responsibility to make sure the necessary funds are available in our account and we will inform the school timeously of any changes to our bank details.
2. We understand and accept that any fees in arrears will bear interest at the prime bank overdraft rate as charged by the bank from time to time, from the first day of the month until it is settled. As soon as any amount remains unpaid for longer than 60 days, we understand that we will have to make other arrangements for the education of our child and agree that the responsibility for educating our child will then no longer rest with King's School. We also understand that the school will hand the account over for collection and that this may result in us being blacklisted should an amount remain outstanding. All collection fees will be paid by us on an attorney and own client scale. In addition we understand and accept that fees outstanding will still be payable to King's school and that the statement prepared by the Bursar showing the amount owing by us to the school will constitute sufficient and satisfactory proof of the amount due by us to the school. We agree that no set-off for any reason whatsoever will be allowed against money owed by us. We consent to King's School obtaining and utilising credit bureaux records and information as required for credit, risk and affordability assessments as well as tracing purposes and for any other purposes contemplated by the National Credit Act.
3. A NON REFUNDABLE Placement Fee is to be paid to King's School upon acceptance of your child.
4. Should you wish to remove your child from King's School, a term's notice or three calendar months notice is required. The official Notice Period Form which is available

from the office, must be handed in on the first day of the term or by the first of a month. Please note that verbal notice is not sufficient.

The notice period is also applicable to new registrations and failure to attend school on the agreed upon date makes families liable for the payment of the three month notice period.

Early care / after school care requires three (3) month notice period. Notice period forms available from the office.

5. We hereby agree that it is with our full understanding and consent that as a school with a Christian ethos, Bible teaching and prayer forms part of our school programme. All children participate in this programme.
6. All pupils are subject to the system of discipline and the rules in force at King's School.
7. The Principal has the power to expel any pupil at any time for reasons, which he or she, in his or her sole discretion, deems adequate, and in this event we shall remain responsible for all fees and disbursements for the relevant term. In the event of the expulsion of our child we acknowledge that the Placement Fee follows the same conditions as referred to in paragraph 3, with the exception that payment will be returned on the 31st day of December of that year.
8. We hereby indemnify, hold harmless and absolve the Principal and the Staff of King's School, Goodwood, acting in good faith as agents of the Governing Body of King's School, Goodwood, against all claims whatsoever as may arise from accident or injury to, or any loss or damage to the property of, the above-named pupil, which may occur whilst on School premises or as part of an official School function, activity or visit away from the School or arising there from or in consequence thereof. The Principal and Staff of King's School, Goodwood will act *in loco parentis* and at all times will exercise such behaviour towards the above-named pupil and exercise such control as is consistent with that of a reasonable parent. No responsibility by the Principal and the Staff, acting as agents of the Governing Body of King's School, Goodwood, can be taken for injury and accident which occurs as a result of a breach of School guidelines, rules and regulations as and where perpetrated by the above-named pupil.

I/we, the undersigned, agree that in the event of the above-named pupil requiring emergency medical attention which may or may not involve the transportation to a doctor or hospital, the administration of an anaesthetic and an operation by a suitably qualified medical practitioner/specialist, due permission and authorisation may, in such instances, be given by the Principal or any other member of the Staff authorised to do so. Such a decision will be made on the clear understanding that the person providing the necessary consent is acting *in loco parentis* and acting as a responsible parent in giving the approval. Notwithstanding the above provisions, approval of this Notification of Indemnity does not in any way remove or deny the student or parent(s)/guarding(s) those safeguards which are afforded according to the laws of South Africa, under whose jurisdiction, to the exclusion of all others, this Indemnity pertains.

9. We hereby agree that while the said pupil is enrolled at King's School and is conveyed or transported at any time to whatever location and for any purpose whatsoever, then it shall be at ours or 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 the school, parents who are acting for the school, or individual members of staff or employees of the school, shall not be liable in law to the said pupil or his or her parents or guardians

for any damages arising out of the 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 pupil as aforesaid, we understand that we will have no claim against King's School, or any staff member or employee of the school or parents who are acting for the school for the recovery of such expenses.

10. The school shall not be liable for the loss or damage to the clothing or other personal property of the pupil.

11. It will be required of us to communicate with the staff and governing body of King's School with respect and dignity and should we be found to have contravened this rule we may be summonsed to appear before the school board and the school board may expel our child from King's School.

CHILD'S NAME _____

Dated on this _____ *day of* _____ 20 _____

FATHER'S NAME: _____ **FATHER'S ID. NO.:** _____

FATHER'S SIGNATURE: _____

MOTHER'S NAME: _____ **MOTHER'S ID. NO.:** _____

MOTHER'S SIGNATURE: _____

GUARDIAN'S NAME: _____ **GUARDIAN'S ID. NO.:** _____
(if applicable)

GUARDIAN'S SIGNATURE: _____

WITNESS NAME: _____ **SIGNATURE:** _____

PLEASE SUPPLY A COPY OF YOUR IDENTITY DOCUMENT FOR OUR RECORDS.