



Kindly place your ID size photo here

**FOR OFFICE USE ONLY**  
 Date received: .....

**APPLICATION FOR ENROLMENT**  
**CHILD'S PARTICULARS**

Name & Surname of Pupil:.....  
 Name to be used at school:..... Male [ ] Female [ ]  
 Date of birth: ..... Age:.....  
 Pupils ID number .....

Home Language: ..... Religious Affiliation:.....  
 Population Group.....  
 Name of Current School:.....  
 Do you have any objection to your child's participation in religious education? Yes [ ] No [ ]

**PARENT AND FAMILY PARTICULARS**

**FATHER/LEGAL GUARDIAN:**

Surname: ..... I.D. No.....  
 Initials: ..... Name: ..... Title: Mr, Dr, other:.....  
 Residential Address:.....  
 Postal Address:.....  
 Telephone number: Home::..... Business:..... Cell:.....  
 Email Address: .....

Population Group .....

Marital Status:..... Occupation:.....  
 Business Name and Address: .....

**MOTHER/LEGAL GUARDIAN:**

Surname: ..... I.D. No.....  
 Initials: ..... Name: ..... Title: Mrs, Dr, other:.....  
 Residential Address:.....  
 Postal Address:.....  
 Telephone number: Home::..... Business:..... Cell:.....  
 Email Address: .....

Population Group.....

Marital Status..... Occupation:.....  
 Business Name and Address: .....

**Preferred Email address for school correspondence:** .....

**Email address to be used for school fee accounts:** .....

If the above residential addresses are not the same, please indicate the home address of the pupil and to whom the account and correspondence is to be sent.

Pupil lives with: Father [ ] Mother [ ]  
 Account to be sent to: Father [ ] Mother [ ]  
 Pupil's Address: .....

<b>Other siblings in the family (brothers &amp; sisters, not cousins)</b>		
..... date of birth: .....	School.....	
..... date of birth: .....	School.....	
..... date of birth.....	School: .....	

**GENERAL DETAILS**

Family doctor: .....Tel. No. ....  
 Who will bring your child to school? Name:..... Tel. No. ....  
 Who will fetch your child? Name:..... Tel.No. ....  
 Relatives or other adults important to the child who could be contacted in case of an emergency?  
 Name: ..... Tel. No..... Cell No. ....  
 Has a brother / sister / father / mother / attended Walmer Pre-primary school?.....  
 If yes, state name of child / parent and which year he / she attended. ....  
 Has your child attended any play-school / Pre-Primary previously? .....  
 Name of School: ..... Tel. No: .....  
 When do you want your child to start at Walmer Pre-Primary School? .....  
 When is your child due to start Grade I? .....  
 What primary school are you considering sending your child to? .....

**THE RULES OF THE SCHOOL:**

- One term’s notice is required, in writing, before removing a child from the school.**
- Hours: Grade R 7:50 – 12:30. Grade 00 8:00-12:20
- Teachers are responsible for children only during school hours.
- All possible care will be taken to ensure the safety of your child during school hours, but neither the teacher nor the Governing Body can be held responsible for any accident that may occur.
- Government school terms and holidays are adhered to.
- The school must immediately be notified in the event of your child contracting any infectious diseases.
- You are earnestly requested to join the Parents Teachers Association and to be an active member.
- I give my permission for my child to be taken on outings. I will be notified of the details of each outing in advance.
- My child is fully potty trained.
- I give permission for my child to be in photographs for the WPPS Facebook page.  
 Sign.....

The payment of school fees is compulsory and is set annually at the discretion of the Governing Body. Fees are currently R24 310 per child for the year, R6 078 per child per term or R2 210 per child per month, over 11 months. **ALL FEES ARE PAYABLE IN ADVANCE.** Monthly installments are payable at the end of each month (January to November).

A **non-refundable** deposit of R1000 will be required from you **on acceptance of place.** Discounts: Annual and Quarterly advance payments are discounted.

I certify that all the information supplied is correct and I accept and agree to the above conditions.

SIGNED: ..... FATHER/LEGAL GUARDIAN  
 SIGNED:.....MOTHER/LEGAL GUARDIAN  
 DATE: .....

## DEVELOPMENTAL HISTORY

Child's Name: .....

1. How does your child react when separated from you? .....
2. At what age was your child left in the care of a nanny or enrolled at day-care (if applicable)?  
.....
3. Has he had any operation or been hospitalized or had a **serious** illness? .....
4. Is your child currently suffering from any illness? .....
5. Is your child taking any medication at present and, if so, for what reason and when?  
.....
6. Does your child have any physical or learning disability? Yes [ ] No [ ]  
If yes, please give details: .....

### INFANCY:

1. Was the pregnancy and birth normal? .....
2. Birth weight? .....
3. State any problems before or after your child's birth: .....
4. Was your child bottle or breast fed? .....
5. At what age did your child sit alone? .....
6. Did he/she crawl? .....
7. At what age did he/she walk? .....
8. Is your child left or right handed? .....

### EATING HABITS:

1. Any eating difficulties at present? .....
2. How are they handled? .....
3. **Any allergies?** .....
4. Any dental problems? .....

### SLEEPING:

1. Does your child rest during the day? .....
2. Is your child easily fatigued? .....
3. What time does your child go to bed at night? .....
4. Sleeping habits (restful, nightmares, etc) .....

### ELIMINATION:

1. Can your child attend to himself? .....
2. Does your child have accidents during the day? .....At night? .....

### SPEECH AND HEARING:

1. Does your child speak clearly? .....
2. Are there any sounds that he/she mispronounces? .....
- Specify .....
3. Any speech defects? (lisp/stutter) .....
4. If yes, has he/she been to a speech therapist? .....
5. Approximate age of first words.....sentences.....
6. Any history of hearing loss / ear operations (grommits) .....

**SOCIAL BEHAVIOUR:**

1. What age group does your child prefer playing with? .....
2. Does your child play mostly with girls or boys? .....
3. Does your child socialize well with his/her peers? .....
4. How does your child relate to adults? .....
5. Does your child appear to be timid, aggressive, too solitary or too dependant? .....
6. How does your child get on with members of the family? .....
7. Does father spend much time with him/her? .....
8. Does your child follow instructions? .....

**EMOTIONAL BEHAVIOUR:**

1. Is your child generally happy? .....
2. Does your child continually whine, cry or over-depend on mother? .....
3. Does your child have any fears? (Dark, dogs, etc) .....
4. Does your child have frequent temper tantrums? .....
5. Does your child seem stubborn or disobedient? .....
6. Is your child demanding of attention? .....
7. Does your child appear to be jealous? .....
8. How would you describe your child's personality? .....

**GENERAL**

1. Does your child show any interest in music? .....
2. Are stories told/read to him/her? Often, seldom, never? .....
3. Any habits (thumb-sucking, bed-wetting, nail-biting) Specify: .....
4. Has your child been professionally assessed for any particular reason? .....
5. Any other information that might be of value? (death, divorce, separation, adoption, etc) .....

**PLEASE ATTACH THE FOLLOWING TO THIS APPLICATION:**

1. A COPY OF YOUR CHILD'S BIRTH CERTIFICATE
2. CLINIC CARD (IMMUNIZATION PAGE ONLY)
3. PROOF OF ADDRESS (E.G. UTILITY BILL).
4. AN ID SIZE PHOTO OF YOUR CHILD
5. A COPY OF MOTHER AND FATHER'S ID BOOK/CARD

***NO APPLICATION WILL BE ACCEPTED WITHOUT THESE DOCUMENTS.***

***N.B. COMPLETION OF THIS FORM DOES NOT GUARANTEE ACCEPTANCE TO THE SCHOOL.***