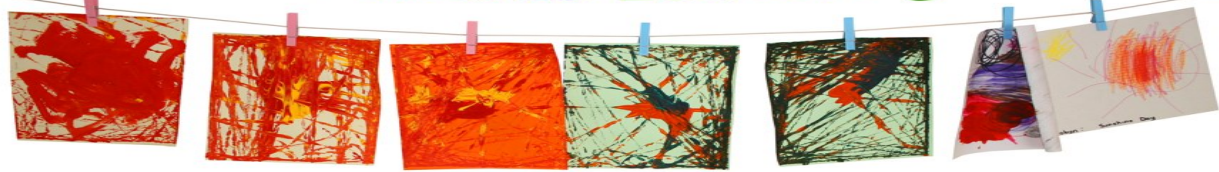


Beautiful Minds Learning Centre



centre for intellectually disabled learners
small classes & nurturing environment

37 Basil Road, Plumstead

APPLICATION FOR ENROLMENT

PERSONAL INFORMATION OF THE LEARNER

A certified copy of the learner's identity document / birth certificate must accompany this form.

First name(s) _____ Surname _____

Date of birth _____ Id nr _____

Home telephone _____ Male _____ Female _____

Residential address _____

Number of siblings _____ Home Language _____

Hand Dominance _____ Foot Dominance _____

Any special medical conditions? _____

Chronic illness(es) _____

Current medication _____

Allergies to medicine _____

Allergies to food _____

Recent operation(s) _____

Recent hospitalisation _____

Family doctor _____

Telephone number _____ Fax _____

Mobile _____

Name of emergency contact person _____ Relationship to learner _____

Home phone nr _____ Work phone nr _____

Mobile _____

PERSONAL INFORMATION OF THE MOTHER / GUARDIAN

A *certified* copy of your identity document must accompany this form.

First name(s) _____ Surname _____

Date of birth _____ ID nr _____

Residential address _____

Home phone nr _____ Mobile _____

Occupation _____

Company/Institution _____

Work phone nr _____

Email address _____

Marital Status
(please tick)

Widower

Divorced

Single

Married

PERSONAL INFORMATION OF THE FATHER / GUARDIAN

A *certified* copy of your identity document must accompany this form.

First name(s) _____ Surname _____

Date of birth _____ ID nr _____

Residential address _____

Home phone nr _____ Mobile _____

Occupation _____

Company/Institution _____

Work telephone _____

Email address _____

Marital status
(please tick)

Widower

Divorced

Single

Married

FINANCE

(Person responsible for all school fees)

Bank name

Branch code

Account nr

Account name

MEDICAL AID INFORMATION

Name of Medical Aid _____

Medical Aid No. _____

Medical Insurance Plan _____

Medical Aid ph nr _____

ACADEMIC DETAILS OF THE LEARNER

Copies of the learner's latest school report and all current assessment reports must accompany this form.

Present school _____

Present grade _____

Present class teacher _____

Grade(s) repeated _____

School's phone nr _____

REASON FOR REFERRAL

(Please tick)

Scholastic difficulties	Behavioral	Emotional	Other	
Reading	Temper outbursts	Weepy		
Spelling	Frustration	Fearful		
Mathematics	Aggression	Anxious		
Comprehension	Poor concentration	Dependent		
Language	Hypoactive	Wide mood swings		
Memory	Hyperactive	Poor self-esteem		
Organisation	Attention Deficit			
Planning	ADHD			
Specialist involved	Name	Contact nr	Assessment Report (y/n)	Date of assessment
Psychologist				
Psychiatrist				
Paediatrician				
Occupational therapist				
Speech and language therapist				
Physiotherapist				
Remedial therapist				
Neurologist				
Eye specialist				
Ear specialist				
Other				

Please add any comments or further information which may be relevant:

For office use

Accepted Y N Admitted to Grade to start	
Date	Admission nr
Name	Emis Transfer form Y N
Sign	Emis Unique nr

I, the undersigned, agree, understand and declare that all the information and documentation supplied with this application is true, complete and correct.

Parent's Signature _____

Date _____