

## PRIMARY SCHOOL APPLICATION FOR ADMISSION

(FOR CHILDREN TURNING 7 – 13 BEFORE NOVEMBER OF YEAR OF ENTRY)

Pupil's Full Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_

Current Class: \_\_\_\_\_ Apply for Class: \_\_\_\_\_ From When: \_\_\_\_\_

### SCHOOL HISTORY: Previous School/s attended

Pre-school and Schools	Years: From - Until	Grades/Class

Reasons for change of school/s: \_\_\_\_\_

Has your child been asked to leave a previous school? **Yes/No?** If yes, when and why: \_\_\_\_\_

Has your child ever been suspended from school? **Yes/No?** If yes, when and why: \_\_\_\_\_

Has your child failed/repeated any class? **Yes/No?** If yes, please elaborate: \_\_\_\_\_

Why did you choose to apply to the Constantia Waldorf School? \_\_\_\_\_

Are you looking specifically for a Waldorf Education? **Yes/No or Still Deciding** \_\_\_\_\_

Through whom or how have you heard of our school? \_\_\_\_\_

Are you applying at other schools? **Yes/No** If so, which schools? \_\_\_\_\_

### DOMESTIC

Sibling Name	Age	Name of School (if applicable)	Grade	Name of Teacher

a) In what environment did child grow up, describe your home atmosphere? \_\_\_\_\_

b) Do parents supervise homework? **Yes/No** \_\_\_\_\_

c) Does your child have his/her own bedroom? **Yes/No** If no, with whom does he/she share? \_\_\_\_\_

d) **Sleep:** Normal/Heavy/Restless/Sleepwalking/Nightmares/Bedwetting/Struggles to sleep? \_\_\_\_\_

e) **Wakes:** immediately/slowly? \_\_\_\_\_ Mood on awakening? \_\_\_\_\_

f) Has your child been separated from parents? **Yes/No** At which age/s? \_\_\_\_\_ For how long? \_\_\_\_\_

g) Change of country/ies? \_\_\_\_\_ At which age/s? \_\_\_\_\_ For how long? \_\_\_\_\_

h) What are your child's home tasks? \_\_\_\_\_

i) Special abilities, hobbies, interests? \_\_\_\_\_

j) Screen time (incl Smartphones/Ipads/Gaming etc): Hours per day \_\_\_\_\_ During weekend: \_\_\_\_\_

Which programmes? \_\_\_\_\_ What music/games? \_\_\_\_\_

k) Special interests/hobbies of parents: \_\_\_\_\_

## BIRTH HISTORY

a) Birth: Full term/if Premature, at what number of months: \_\_\_\_\_ Birth Weight: \_\_\_\_\_

Labour: Natural/Induced/Epidural/traumatic?

Type of Birth: Normal/Caesarean/Breech/Forceps/Emergency?

At birth, baby cried immediately/delayed, difficulty in breathing/blood transfusion/incubation or complications? Any other information: \_\_\_\_\_

b) Feeding: How long? Breast: \_\_\_\_\_ Bottle: \_\_\_\_\_ Solids: When? \_\_\_\_\_

c) Describe general feeling towards baby at birth, postnatal depression or other problems: \_\_\_\_\_

d) Was baby happy/difficult/colicky/poor sleeper? \_\_\_\_\_

e) Air flights, what age? Yes/No When, how often and destination? Any discomfort eg crying? \_\_\_\_\_

## DEVELOPMENT

a) When did your child first: Sit: \_\_\_\_\_ Crawl: \_\_\_\_\_

b) Did you use: Walking Ring/Table Carrier/Jolly jumper? How often? \_\_\_\_\_

c) Age of full sentences: \_\_\_\_\_ Has your child had ear trouble? \_\_\_\_\_

d) Were milk teeth late to appear? Yes/No From and until what age did change of teeth take place? \_\_\_\_\_

e) Would you describe your child as clumsy? Yes/No/Sometimes

f) Would you describe your child as hyperactive/too dreamy? Yes/No/Sometimes

g) Describe any difficulty in speech clarity/lisp/stutter/stammer/difficulty with any sounds: \_\_\_\_\_

h) Has your child had eyes tested? Yes/No Wears glasses? Yes/No \_\_\_\_\_

## HEALTH

a) Has your child had any operations? \_\_\_\_\_

b) Any injuries, accidents, serious falls or issues involving head/eyes/spine? \_\_\_\_\_

c) Any traumatic experiences? \_\_\_\_\_

d) Childhood and other diseases eg Mumps/measles/meningitis/encephalitis/aids/hepatitis etc. If so, what? \_\_\_\_\_

\_\_\_\_\_ Age/s \_\_\_\_\_

e) Chronic illnesses - asthma/ seizures etc? \_\_\_\_\_ Age/s \_\_\_\_\_

f) Any convulsions/seizures? Yes/No Type: \_\_\_\_\_ If so, how often? \_\_\_\_\_ EEG \_\_\_\_\_

Was this associated with high temperature? Yes/No When was first seizure? \_\_\_\_\_

g) Is your child prone to headaches? Yes/No How often? \_\_\_\_\_

h) Condition of teeth? \_\_\_\_\_ Tonsils? Good/Poor/Removed Adenoids? Good/Poor/Removed

i) Present eating habits – eager/fussy/disinterested/overeater/binge/other? \_\_\_\_\_

Does your child ever have stomach ache? Yes/No If yes, when? \_\_\_\_\_

Digestive disorders? Yes/No Describe if applicable: \_\_\_\_\_

## SENSORY SYSTEM

a) Does your child seem to lack normal awareness of being touched and/or seem overly sensitive to being touched/held or cuddled? Yes/No \_\_\_\_\_

b) Does your child pay attention to what is being said to him/her? Yes/No \_\_\_\_\_

c) Is your child easily distracted by sound? Yes/No \_\_\_\_\_

d) Does your child talk excessively? Yes/No \_\_\_\_\_

e) Can your child follow through instructions? Yes/No \_\_\_\_\_

f) Does your child have difficulties in concentrating? **Yes/No** \_\_\_\_\_

g) Handedness: Hand - L/R      Foot - L/R      Eye - L/R      Ear - L/R

### BEHAVIOUR

a) Is there any tension related behavior eg nail biting/tongue showing/excessive blinking/rubbing of the eyes/tantrums etc? \_\_\_\_\_

b) Is your child excessively shy/aggressive/restless/moody/anxious/unhappy? \_\_\_\_\_

c) Does your child have many/few friends, and tend to play with children of same age/older/younger? \_\_\_\_\_

d) Have there been any bullying or victimizing incidents? **Yes/No** \_\_\_\_\_

### MEDICAL INFORMATION

*This section must be completed and copies of all assessment report/s are required, even from younger years. If no assessment report was received or is not available, a copy should immediately be requested from the practitioner for your application to be processed.*

a) Has your child ever been to a Specialist/Psychologist/Psychiatrist/Other? **Yes/No** By whom? \_\_\_\_\_

At what age/s \_\_\_\_\_ Why? \_\_\_\_\_

Treatment/Medication \_\_\_\_\_

Is your child still under medication? **Yes/No** \_\_\_\_\_ If so, what? \_\_\_\_\_

b) Has your child had any educational or other therapeutic assessment? **Yes/No** Date/s: \_\_\_\_\_

By whom? \_\_\_\_\_ Why? \_\_\_\_\_

Recommendations: \_\_\_\_\_

How were these followed up? \_\_\_\_\_ Report included? **Yes/No** - will still be supplied asap.

c) Has your child had remedial or support with any other person/s? **Yes/No** \_\_\_\_\_

For which class or grade? \_\_\_\_\_ How long? \_\_\_\_\_ With whom? \_\_\_\_\_

Why? \_\_\_\_\_ Report included? **Yes/No** - will still be supplied asap.

d) Describe your child's difficulties as you see them: \_\_\_\_\_

e) What do you feel lies behind them? \_\_\_\_\_

f) What is your child's attitude towards them? \_\_\_\_\_

g) What remediation/therapies has your child received up to this point? \_\_\_\_\_

h) How long did they receive remedial/therapeutic help and is it still continuing? \_\_\_\_\_

i) Are there any language or physical problems which may affect your child's learning at school. \_\_\_\_\_

j) Does your child have any allergies? What is the severity of the allergy? \_\_\_\_\_

### FINANCIAL INFORMATION

Would you accept our school's monthly debit order system (preferred method of payment)? **Yes/No**

If not, please give reasons: \_\_\_\_\_

Have you ever been, or are currently, under debt review? **Yes/No**

If yes, please give details: \_\_\_\_\_

Would you authorise Constantia Waldorf School to conduct a consumer credit enquiry at any time that this may be required?

**Yes/No** If not, give reasons: \_\_\_\_\_

## CONDITIONS OF ENTRY

We/I \_\_\_\_\_ herewith apply for a place at  
Constantia Waldorf School for \_\_\_\_\_ and acknowledge having read and understood the application terms,  
Conditions of Entry and Fee Schedule on page 2 and 3 of Application Requirements Form, and agree to be bound by the provisions,  
summarizing that:

1. We/I are jointly and severally liable for all fees and charges relating to our abovementioned child, whether or not he/she still attends the school.
2. We/I acknowledge responsibility for payment of fee accounts in accordance with the Fee Schedule, and confirm our ability to pay fees which are subject to annual increases, as well as any possible recommended learner support/lessons and other costs.  
Father/ Mother/ Guardian/ Other (specify, with detailed confirmation):

Signature

Parent/Guardian A \_\_\_\_\_

Signature

Parent/Guardian B \_\_\_\_\_

3. Tuition fees for each month are due and payable in advance, no later than the 1st working day of each month. Interest on advance payments will be kept by the school.
4. A R250 late payment charge will be levied for payments received after the 1st working day of each month.
5. Should we/I not pay our/my account timeously, and the School, in their sole discretion, decides to hand our/my account to their attorneys for collection, we/I will be liable for collection commission and attorney and client costs thereon. We/I will be held liable for legal fees, should they be incurred by the school in respect of our/my non-compliance with the above conditions of entry.
6. If the pupil is accepted, a routine probation of two terms applies. Thereafter a minimum one term written notice of withdrawal, preferably longer if possible, must be given to the Administration office if the parent wishes to terminate this contract for any reason and withdraw the pupil prior to the final exit examination. If such notice is not given, a full term (3 months) fees, at the rate applicable in which the pupil would have been, shall be paid in lieu thereof. Likewise, if the school elects for any reason to terminate this contract, it may do so, on giving the parent a term's (3 months) written notice of its decision to terminate the contract, at which time the parent must withdraw the pupil.
7. At the end of Primary School two terms written notice is required.
8. The Primary/High School Faculty and College of Teachers may require a parent to withdraw a pupil with immediate effect in cases of probation/trial, serious or repeated misconduct or where it is in the interest of the school or pupil or both.
9. Class promotion is not automatic. Admission from Primary to High School is subject to a High School interview, a term's probation and payment of the balance applicable for the High school deposit.
10. We are aware that the school will constantly endeavour to take such steps as may be reasonably required in the circumstances, to do what it can to keep the pupil out of harm and free from loss, taking into account what can be reasonably foreseen and provided for in each case. Subject to this, both parents jointly and severally waive their own claims and indemnify the school, its employees and service providers (for whom it may be found to be vicariously liable) against any claim of the pupil in respect of the event in question.
11. The school holds normal accident insurance, covering certain accidents and injuries sustained on the school premises, to a limit of R10000 per child, per incident, less R500 excess, for which the parents would be liable.
12. A CEMIS Transfer Certificate/letter is required from the previous school, prior to entry, together with all acceptance documents and deposit. Failure to comply will result in the pupil having a maximum 2 day visiting status, as registration is not possible without these documents.
13. Non-South African students from Kindergarten upwards require either a valid Study Visa in their passport in the name of our school, or a copy of a Permanent Residence Permit in the name of the student, with passport and birth certificate, prior to commencement.
14. South African students require S.A. ID document after 16 years of age, for NSC registration.
15. No purported termination or variation of this agreement shall be of any force and effect unless reduced to writing and signed by both parties.

We/I agree that our/my child's admission would be subject to the contractual conditions which appear in the Parent Contract of Enrolment, and any other such conditions which may set by the School. Where both parents sign, our liability is joint and several, the one paying, the other to be absolved. Our/my signature/s below confirm having read and understood all contents and completed all requirements contained herein, and our/my agreement to all terms and conditions.

R350 Application Fee (non-refundable): Receipt no: \_\_\_\_\_ Date: \_\_\_\_\_

Signed at \_\_\_\_\_ on this \_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_ Signed at \_\_\_\_\_ on this \_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

Parent/Guardian A \_\_\_\_\_ Parent/Guardian B \_\_\_\_\_

Full Name \_\_\_\_\_ Full Name \_\_\_\_\_

Specify relationship \_\_\_\_\_ Specify relationship \_\_\_\_\_

**To be completed by BOTH PARENTS AND/OR GUARDIAN/S**