



## ENROLMENT APPLICATION

### LEARNER INFORMATION (Please print)

Surname ..... First Name/s.....  
 Date of birth ..... Home Language .....  
 Place of birth ..... I.D number .....

### PARENT INFORMATION

#### PARENT ONE:

Surname.....  
 First Name/s.....  
 Title (Ms/Mr/Dr/Prof etc).....  
 Home address.....  
 .....  
 ..... Code .....

ID number .....

Email address.....

Postal address (if different from home address)  
 .....  
 .....  
 ..... Code .....

Home Telephone number .....

Cell number .....

Office number .....

Occupation.....

Employer's Name .....

Employer's Address .....

.....  
 ..... Code .....

#### PARENT TWO:

Surname.....  
 First Name/s.....  
 Title (Ms/Mr/Dr/Prof etc).....  
 Home address.....  
 .....  
 ..... Code .....

ID number .....

Email address .....

Postal address (if different from home address)  
 .....  
 .....  
 ..... Code .....

Home Telephone number .....

Cell number .....

Office number .....

Occupation.....

Employer's Name .....

Employer's Address .....

.....  
 ..... Code .....

**ACCOUNT AND CORRESPONDENCE INFORMATION** (Please tick as appropriate)

Person with whom learner lives Parent One..... Parent Two.....

Person to whom accounts should be sent Parent One..... Parent Two.....

Person to whom correspondence/reports should be sent Parent One..... Parent Two.....

Terms of payment (please tick as applicable) Annual payment..... Term payment..... Monthly payment.....

**LEARNER ATTENDANCE REQUIREMENTS** (Please tick as appropriate)

Junior Primary (Grade 0 – Grade 3)..... Senior Primary (Grade 4 – 6).....

Date from which attendance at Growing Minds is required.....

The last grade passed by the learner ..... Year .....

Previous academic progress

School attended	Grade	Year
.....		
.....		
.....		
.....		
.....		

**LEARNING SUPPORT REQUIREMENTS**

Has the learner be diagnosed with any learning difficulties or has concern been expressed regarding the learner’s progress?

If so, please give details.....

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Has the learner previously been assessed by an Educational or Clinical Psychologist? Yes..... No.....

Present or previous remedial interventions. Please tick as appropriate

Occupational therapy Present ..... Previous.....

Physiotherapy Present..... Previous.....

Speech Therapy Present..... Previous.....

Remedial Therapy Present..... Previous .....

Extra lessons Present..... Previous..... Subjects.....

Other .....

.....

Any medical or physical conditions the learner presently has.....

.....

Will the learner require any medical or physical assistance whilst at Growing Minds? Yes..... No.....

If yes please give details.....

.....  
Please list all medication that the learner presently takes as well as dosage.....  
.....

Does the learner suffer from any allergies or intolerances? Yes..... No.....

If yes, please give details .....  
.....

Emergency contact person (1)..... Contact Number.....

Emergency contact person (2)..... Contact Number.....

Doctor's Name ..... Contact Number .....

**USE OF ADDITIONAL SERVICES**

Please tick if you would like to receive details of the additional facilities at Growing Minds

Extra tuition ..... (please list subjects) .....

Parent workshops and talks..... Teacher workshops and talks.....

Holiday club (if available) ..... Aftercare service .....

Extra Murals .....

## CONDITIONS OF ENROLMENT

1. School fees are invoiced in advance and must be paid within 5 days of the invoices being sent. Should full payment of the outstanding amount not be received within 30 days from invoice, the learner may be asked to leave the school and legal action may be taken to recover the outstanding amount.
2. Credit checks may be made prior to joining and Growing Minds and a deposit equivalent to one month's school fees may be required on acceptance.
3. A notice of one calendar month must be given in writing to terminate enrolment.
4. The equipment and resources of Growing Minds are to be used only for and by the learner and are not to be taken off the premises at any time.
5. Growing Minds Learning and Therapy Centre will not be held responsible for any medical or physical conditions suffered by the learner nor will it be held responsible for any injury suffered by the learner on the premises.
6. Learners must bring a packed lunch with them each day to Growing Minds unless they have ordered the lunch from the school. Parents are requested to pack only healthy foods and drinks and are asked to respect the dietary restrictions that other learners may have. No fizzy or sweet drinks, chocolate, crisps, chips or sweets may be brought into Growing Minds for the learner. Lunches may not be shared with other learners.
7. From time to time, photographs of learners may be taken for the school magazine, website and other marketing material. If you do not wish your child to be photographed or any photographs of them to appear on the above mentioned, then please advise us upon enrolment.
8. Additional service offered by Growing Minds will be provided at an additional cost and will be invoiced monthly. Payment by eft is due on receipt of invoice and in the case of extra murals – payment must be directly to the service provider.
9. Completion of the application form does not constitute acceptance of the learner.
10. Applications for enrolment must be submitted and accompanied by the following documentation:
  - \* A copy of the learner's latest school report
  - \* A copy of the latest assessment or report by Educational or Clinical psychologist
  - \* Copies of any other reports relevant therapists

I/we acknowledge that the information given above is correct.

Name of person completing the application

Name.....Signature..... Date.....