



Application for admission

Photo

Please attach a recent photo of your child in this box

Knysna Playschool Pre-Primary

Reg. No. C13517

17 Trotter Street, Knysna, 6571

Tel: 082 578 8286 / 084 708 4499

Email: info@knysnaplayschool.co.za

Website: www.knysnaplayschool.co.za

Application Requirements Checklist:

- Please complete ALL sections in full.
- Emailed applications will be accepted, but we will need the originals too.
- The application must be accompanied by the following documents:
 - Copy of the learner's Birth Certificate / SA Passport (containing their ID number),
 - Proof of residence,
 - Copy of both parents' Identity Documents.

Important Information:

- **Registration Fee: A R600 non-refundable administration fee is payable on successful application.**
- We will only accept an Application Form once your child has turned 3 months old.
- Completion of this application form does not guarantee that your child will be accepted into the school.
- You will be contacted, via email, within 1 week of submission with our final decision.
- Should you wish to enrol your child in the year following your initial application date, we would require you to re-apply closer to the time.
- The school reserves the right to undertake a full credit reference check for the purpose of a financial means assessment. This will include contacting the present school (as laid down in the Independent School Association of Southern Africa's Code of Ethical Practice).

Name of Learner: (First and Surname as it appears on Birth Certificate)				
Called Name / Nickname: (If different to first name)				
Date of Birth: DD/MM/YY				
ID Number:				
Year applying for:		Gender:	Boy	Girl
Applying for:		Pre school 07:30 - 13:00	Y / N	Aftercare 13:00 - 17:00 Y / N
Nationality:		SA Citizenship	Y / N	Religion:
Home Language:			Place in family:	
Name of current school:				

PARENT / GUARDIAN DETAILS				
	FATHER:		MOTHER:	
Surname				
First Names				
ID Number				
Residential address: (The place where you reside - not property you own)				
	Code:		Code:	
Home Telephone no.				
Work Telephone no.				
Cell Phone no.				
Email Address:				
Occupation:				
Name of Employer:				
Marital Status:				
MEDICAL INFORMATION - Please indicate				
Birth Weight:				
Family Medical History (allergies, congenital abnormalities, etc)				
Any problems during pregnancy / confinement				
Any Post-natal problems with child (jaundice/lights, etc)				
Milestones – Give age when child started	Teething:	Crawling:		Walking:
	Talking:		Toilet Trained:	
Illnesses your child currently has or has had in the past	Measles	German Measles	Whooping Cough	Chicken Pox
	Mumps	Asthma	Epilepsy	
Illnesses against which immunized	Tuberculosis	Whooping Cough	Polio	Measles (M.M.R)
	Tetanus	German Measles (M.M.R)	Mumps (M.M.R)	Diphtheria
Operations your child has had				
Any serious accidents				

Signature of Parent/Guardian: **Date:**