

## APPLICATION FORM 2020

Complete form in full and email to  
wonderland@pixieschools.co.za



<b>Name of Child:</b> (First and Surname as it appears on Birth Certificate)				
<b>Nickname:</b> (If different to first name)				
<b>Date of Birth: DD/MM/YY</b>				
<b>ID Number</b>				
<b>Year Applying for:</b>		<b>Year of Entry to Grade One:</b> (in the year they turn 7 yrs old)		
<b>Full or Half Day option?</b>		<b>Gender:</b>	Boy	Girl
<b>Proposed Primary School</b>				
<b>Nationality</b>		<b>SA Citizenship</b>	Y / N	<b>Religion</b>
<b>Home Language</b>		<b>Place in family</b>	_____ of _____	
<b>Name of current school</b>				

PARENT/GUARDIAN DETAILS		
	FATHER:	MOTHER:
Surname		
First Names		
ID Number:		
Residential address:		
	Code:	Code:
Home Telephone no.		
Work Telephone no.		
Cell Phone no.		
Email address:		

	FATHER:	MOTHER:
Occupation:		
Name of Employer:		
Marital Status:		
EMERGENCY CONTACT – In case of emergency if parents are unavailable		
Name:		
Contact Number:		
Relationship to child:		

CORRESPONDENCE			
Please indicate who is to receive the school report	Father	Mother	Guardian
Please indicate who is to receive the school account	Father	Mother	Guardian
Please indicate which parent could receive email communication	Father	Mother	Guardian
PIXIE INFORMATION (Fill in where applicable)			
Name of <u>siblings</u> who attended Pixie.		Year	

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 has had:	Measles	German Measles	Whooping Cough	Mumps	Chicken Pox
Other important illnesses – current or in the past	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 accident that required medical attention					

<b>Any problems connected with</b>	Hearing:	Sight:
	Teeth:	Speech:
	Urination:	
<b>Is the child on special medication?</b>		
<b>Any allergies?</b>		
<b>Any food or drink the child must avoid?</b>		
<b>Name of Family Doctor Address and Tel No.</b>	Name: Address: Tel. No.	
<b>PARENT'S SIGNATURE</b> Please sign as confirmation that you have read and acknowledge the contents of this application and our requirements.	<b>Parent:</b>	<b>Parent:</b>

## **CHECKLIST**

### **Application Information and Requirements**

Please complete ALL sections fully. (3 pages). The application must be accompanied by the following documents:

- Copy of learners Birth Certificate
- Proof of residence
- Copy of both parents' Identity Documents
- Most recent school report and any other relevant reports -eg. Hearing, Occupational Therapy, Physiotherapy, Educational Psychologist
- Copy of clinic card/immunisation record
- **REGISTRATION FEE:** A non-refundable registration fee of R300 is payable when submitting your application. Please note that applications will not be processed unless this fee and all the relevant documentation have been received. Bank account details: Name of account: Pixieland Business Trust, FNB Cheque, Account Number 62417199496. Please use your child's full name as reference.

Completion of this application form does not guarantee that your child will be accepted at PixieWonderland. If you have not heard from us by October the year before your child should start, it is your responsibility to contact us to follow up on the application. Should you wish your child to attend in the following year after your initial application date, we require you to re-apply with a new application form as forms are not "rolled over". For our youngest class, children must turn 1 years old by 30th June in the year of entry to be eligible to attend Pixie Wonderland. 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 Schools Association of Southern Africa's Code of Ethical Practice)

### **NO INCOMPLETE FORMS WILL BE ACCEPTED AND/OR PROCESSED**

**We will confirm that we have received your form and registration fee via email once processed.**

CHILD'S NAME: \_\_\_\_\_

**FOR OFFICE USE ONLY:**

RECEIVED ON:	Date	EMAIL CONFIRM:	Yes	Date
<b>DOCUMENTS RECEIVED</b>		Registration fee received:	Yes	No
Learner's Birth Certificate		Class:		
Proof Of Residence		Acceptance Form received:		
Parent I.D.'s mom		Confidential Info Form Rcd:		
Parent I.D dad		Placement fee received:	Date	
Database captured		Data Captured Pastel:		