



## APPLICATION FORM: FONTAINEBLEAU PRE-PRIMARY SCHOOL

Date of application: \_\_\_\_\_

Date on which admission is required: \_\_\_\_\_

**Surname and first name of child:** \_\_\_\_\_

Nickname: \_\_\_\_\_ Home language: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Boy / Girl: \_\_\_\_\_

### Parent information:

#### Parent 1 / Father:

Initials and surname: \_\_\_\_\_

First name: \_\_\_\_\_

Home address: \_\_\_\_\_

Postal address: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Work address: \_\_\_\_\_

Occupation: \_\_\_\_\_

Cell no.: \_\_\_\_\_

Home tel no.: \_\_\_\_\_

Work tel no.: \_\_\_\_\_

#### Parent 2 / Mother:

Initials and surname: \_\_\_\_\_

First name: \_\_\_\_\_

Home address: \_\_\_\_\_

Postal address: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Work address: \_\_\_\_\_

Occupation: \_\_\_\_\_

Cell no.: \_\_\_\_\_

Home tel no.: \_\_\_\_\_

Work tel no.: \_\_\_\_\_

### Additional information:

Other children in the family: Number: \_\_\_\_\_ Age: \_\_\_\_\_

Other children attending Fontainebleau Pre-primary School: \_\_\_\_\_

Language preference:  Afrikaans  English

Mark the appropriate block:

Collection time: -13:30  -15:30  -17:30

Medical Aid: \_\_\_\_\_ Medical Aid number: \_\_\_\_\_

State any speech or other defect: \_\_\_\_\_

Please mention any problems e.g. thumb sucking, allergies, etc.: \_\_\_\_\_

Does your child suffer from any chronic or life threatening diseases: \_\_\_\_\_

Name of doctor: \_\_\_\_\_ Tel. no.: \_\_\_\_\_

Who will bring your child to school? \_\_\_\_\_ Cell no.: \_\_\_\_\_

Who will fetch your child from school if not the parents? \_\_\_\_\_

Cell no.: \_\_\_\_\_

Status of family: \_\_\_\_\_

- |                 |                           |                             |
|-----------------|---------------------------|-----------------------------|
| 1. Both parents | 5. Widow                  | 9. Estranged with parent 1  |
| 2. Stepfather   | 6. Guardian               | 10. Estranged with parent 2 |
| 3. Stepmother   | 7. Divorced with parent 1 | 11. Other (specify)         |
| 4. Widower      | 8. Divorced with parent 2 |                             |

---

Immunization:

Is your child immunized against the following?

Age of child	Immunization	Please tick
Birth:	Polio BCG (Tuberculosis – TB)	
6 Weeks	Polio, PCV, Rotavirus, DTP HIB, Hepatitis B	
10 Weeks	Polio, DTP HIB, Hepatitis B	
14 Weeks	Polio, DTP HIB, Hepatitis B, PCV, Rotavirus	
9 Months	Measles, PVC	
18 Months	Measles, DTP, HIB Polio	
6 Years	Polio, Td	
12 Years	Td	

Immunization against:

DTP – diphtheria, whooping cough and tetanus

Td – diphtheria, tetanus

HIB – Haemophilus influenza type b

PCV – Pneumococcal diseases (meningitis, pneumonia, blood and ear infection)

Rotavirus – diarrhoea caused by rotavirus

Hepatitis B – Liver disease

---

Undertaking:

- \* I undertake to pay the school fees by the 3<sup>rd</sup> day of each month and to abide by the school rules of Fontainebleau Pre-primary School.
- \* I undertake to give 1 months' notice should my child leave the school.
- \* I hereby give permission that our telephone numbers can be put on the class list.
- \* A non-refundable development/admission fee of R700.00 is payable.

SIGNATURES OF PARENTS: \_\_\_\_\_ DATE: \_\_\_\_\_

\_\_\_\_\_