

Glenoaks Registration Form

Date form completed: _____

FOR OFFICE USE ONLY

Institution: Glenoaks School Grade: _____ Class: _____ Age Group: _____

Date Admitted: _____ / _____ / _____ Date Left: _____ / _____ / _____

(Day / Month / Year)

(Day / Month / Year)

CHILD'S PERSONAL DETAILS

Surname:	Name:
Date of birth:	Age: _____ Years _____ months
Current Grade:	Teacher's name:
Child's I.D. Number / Passport Number: * This number MUST be included on this form. _____	Home Language: Other Language / s spoken at home:
Current School:	Years at Current School:

BIOLOGICAL MOTHER'S PERSONAL DETAILS

BIOLOGICAL FATHER'S PERSONAL DETAILS

Surname:	Surname:
Title:	Title:
First name:	First name:
* I.D. Number:	* I.D. Number:
Marital status:	Marital status:
Home phone No.:	Home phone No.:
Work phone No.:	Work phone No.:
Cell phone No.:	Cell phone No.:
E-mail address:	E-mail address:
Residential address:	Residential address:
Postal Code:	Postal Code:
Postal address:	Postal address:
Postal Code:	Postal Code:
Occupation:	Occupation:
Job Title:	Job Title:
Employer:	Employer:
Employer address:	Employer address:
Employer Tel No:	Employer Tel No:

STEP MOTHER / GUARDIAN'S PERSONAL DETAILS		STEP FATHER / GUARDIAN'S PERSONAL DETAILS	
Surname:	Title:	Surname:	Title:
First name:		First name:	
* I.D. Number:		* I.D. Number:	
Guardian or Stepmother:		Guardian or Stepfather:	
Marital status:		Marital status:	
Home phone No.:		Home phone No.:	
Work phone No.:		Work phone No.:	
Cell phone No.:		Cell phone No.:	
E-mail address:		E-mail address:	
Residential address:		Residential address:	
	Postal Code:		Postal Code:
Postal address:		Postal address:	
	Postal Code:		Postal Code:
Occupation:		Occupation:	
Job Title:		Job Title:	
Employer:		Employer:	
Employer address:		Employer address:	
Employer Tel No:		Employer Tel No:	

1. RELATIVE OR FRIEND OF THE FAMILY IN CASE OF AN EMERGENCY (<u>Someone other</u> than the child's parent)			
Surname:	Title:	First name:	
Landline No:		Relation to the child (e.g. Grandparent / Aunt / Uncle etc.):	
Cell Phone No:			

2. RELATIVE OR FRIEND OF THE FAMILY IN CASE OF AN EMERGENCY (<u>Someone other</u> than the child's parent)			
Surname:	Title:	First name:	
Landline No:		Relation to the child (e.g. Grandparent / Aunt / Uncle etc.):	
Cell Phone No:			

MEDICAL AID DETAILS IN CASE OF EMERGENCY	
Name of medical aid:	Membership number:
Main member:	Identity number:

MEDICAL HISTORY	
Does your child have a formal diagnosis or previously diagnosed learning difficulty, condition or disorder (E.G. ADHD / ADD / Autism / Dyslexia / Dyspraxia / Apraxia / Cerebral Palsy / Partially Sighted / Hearing Impaired / / Developmental Delays / Cognitive Delays / Other?)	
Diagnosing Doctor / Specialist?	Date Diagnosed: ___ / ___ / ___
Does your child suffer from allergies? Yes / No (Please circle the applicable answer)	
If yes, please state the nature of the allergy (e.g. Allergy to bees, peanuts, etc.):	
Do they require any medication regarding the allergy? Yes / No (Please circle the applicable answer)	
If yes, please specify (e.g. Epi pen, etc.):	
Does your child wear glasses? Yes / No	Does your child have a hearing aid? Yes /No
Comment on above:	
Please state any other medical conditions that the school should be aware of: (e.g. seizures etc.):	

MEDICATION		
Does your child take any medication (e.g. Ritalin for concentration etc.): Yes / No		
Name of medication:	Dosage:	Time / s to be administered:
Doctor's Name:		Contact Number:

FAMILY DYMANICS					
With whom does child currently live? Please tick the relevant block / blocks					
Biological Mother		Biological Father		Mother's Partner / Fiancé	
Father's Partner / Fiancé		Step Mother		Step Father	
Guardian		Grand mother		Grand father	
Other: (Please specify)					

SIBLINGS

Brother/s Name and age	Step-Brother/s name and age	Do they live in the same house?	Sister/s Name and age	Step-sister/s name and age	Do they live in the same house?

Please indicate any recent changes in the family (e.g. Separation, divorce, death in the family, change of living arrangements, new step parents / siblings etc.)

Is there anyone in the child’s immediate family with which he has no contact / very little contact /is not allowed contact? ie. A parent / grandparent. Please specify who and brief reason:

If divorced or separated, would you like two reports to be issued at the end of each term? Yes /No

Does your child attend an aftercare/homework group, etc? Yes / No
 If yes, please state the name of the aftercare facility, homework group or au pair/ tutor:

Person responsible for school fees

Surname: _____ First Names: _____
 Relationship to Learner: _____ I.D. Number: _____
 Telephone Number: _____ Cell Phone Number: _____
 Signature: _____ Date: _____ / _____ / _____

Thank you for your assistance in completing this this form. Please note that this information will be updated on an annual basis. Should any information like Cell phone numbers, parent / sibling changes, change of address or emergency contact details change at any stage in the year, please feel free to contact the school and give the updated information, as this may be vital in contacting you in an emergency!