GLENOAKS SCHOOL
Where learning is nurtured and potentials are reached

OAK HOUSE VOCATIONAL ACADEMY
Brightening the future of special needs children.

APPLICATION FORM

Date form completed: _____

CHILD'S PERSONAL DETAILS	
Surname:	Name:
Date of birth:	Age: Years: Months:
Current Grade/Class:	Teacher's name:
Current School:	Home Language
Years at Current School:	Other Language/s spoken at home
PARENT 1: PERSONAL DETAILS	**PARENT 2: PERSONAL DETAILS**
Surname: Title:	Surname: Title:
First name:	First name:
Relationship to child:	Relationship to child:
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:
Occupation:	Occupation:
STEP PARENT /GUARDIAN'S PERSONAL DETAILS	**STEP PARENT / GUARDIAN'S PERSONAL DETAILS**
Surname: Title:	Surname: Title:
First name:	First name:
Relationship to child:	Relationship to child:
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 area:	Residential area:
Occupation:	Occupation:

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

RELATIVE OR FRIEND OF THE FAMILY IN CASE OF AN EMERGENCY (**Someone other** 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/s					
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? i.e. A parent / grandparent. Please specify where necessary in terms of collection from school.

Does your child attend an aftercare/homework group, etc.? Yes / No

Thank you for completing this form. Please ensure that the school is kept abreast of any changes to the above information. Upon acceptance we will ask you to complete a registration form containing further information.

*In line with **The Protection of Personal Information Act (POPIA)**, Glenoaks will attempt to ensure the confidentiality of personal learner and parent/guardian information. All reasonable measures will be in place to protect personal information. Please note that personal information collected from this application and placement process will be stored electronically (password protected) on email by the principal, head of marketing, bursar, and head of administration. Printed documents will be stored in a secure record storeroom for a period of 2 years, should the child not be enrolled at Glenoaks. The credit check information will be used to perform a TPN credit reference check, run by our bursar, and stored by our bursar electronically and in a securely stored file for a period of 2 years, should the child not be enrolled at Glenoaks. The reason for storage is so that a re-application in this time period will be easier.*

In order for the trial period to be undertaken, the documentation (excluding the credit check information) is read by the teacher/s, therapists and HOD's who are observing the child. The next of kin information is required in the event that they need to be contacted during a trial period.

Once enrolled, the information is kept as per our POPIA policy for enrolled learners (including parents/guardians). By submitting your application, you recognise and accept this disclaimer.