

APPLICATION FORM

"Psalm 1: He will be like a tree firmly planted by streams of water, which yields its fruit in its season. And its leaf does not wither and whatever he does, he prospers"



APPLICATION FOR ADMISSION TO CRESCO SCHOOL FOR SUPPORT LEARNING

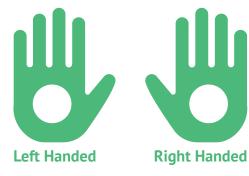
Year:	

Note: Completing this form does not necessarily mean that the learner has been accepted into the school. This form must be completed in full.

LEARNER DETAILS

Surname:	
Full names:	
Other names:	Identity no:
Date of birth:	or Passport no:
Gender: M F O	Race:
Citizenship:	
Country of Residence:	
Religion:	
Home Language:	Preferred Language
	of Instruction:
Applying for grade:	Highest Grade passed:

Tick one
Dexterity of
Learner
Tick both if Ambidextrous



PREVIOUS SCHOOL INFORMATION: Name of previous school: Previous school address: Previous school eMail address: Contact details of previous school: Name Tel: **MEDICAL INFORMATION** Medical Aid no: Medical Aid name: Medical Aid main member: **MEDICAL CONDITIONS MEDICATION TAKEN CURRENTLY** SPECIAL PROBLEMS REQUIRING COUNSELLING

EMERGENCY CONTACT DETAILS

Name:		
eMail:		
Cell:	Tell:	
Relation to learner:		

INDICATE IF YOUR CHILD HAS BEEN ASSESSED BY THE FOLLOWING PROFESSIONALS.

ALL REPORTS (NOT OLDER THAN 2 YEARS) MUST BE ATTACHED TO THE APPLICATION.

Educational Psychologist		Occupational Therapist	
Neurologist		Audiologist	
Remedial Therapist		Speech Therapist	
Psychiatrist		Educational Optometrist	
Any other medical information:			
	Yes No	etact details of treating professionals:	
TRANSPORT DETAILS Please complete:			
I have my own transport:	ise public tra	I use both private and public transport	0
Name of person / company responsib	le for pick-u	p:	
C	ontact dotail	·	

FAMILY DETAILS

All information of both parents, is compulsory.

Biological Father	Details	Biological Mother
		[Title]
	Surname	
	Full names	
	Identity number	
	Marital status	
	Cell no	
	Home tel no	
	Work tel no	
	Physical address:	
	e-mail	
	Occupation	
	Employer	
	Work address	
Step Father	Details	Step Mother
		[Title]
	Surname	
	Full names	
	Identity number	
	Marital status	
	Cell no	
	Home tel no	
	Work tel no	
	Physical address:	
	e-mail	
	Occupation	
	Employer	
	Work address	

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Number of other children:

Position in the family:

Please supply full names and school they are attending:

Full names	Gr	School