



CRESCO

SCHOOL FOR SUPPORT LEARNING

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”



CRESCO

SCHOOL FOR SUPPORT LEARNING

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: _____

Date of birth: _____

Gender: M F O

Citizenship: _____

Country of Residence: _____

Religion: _____

Home Language: _____

Applying for grade: _____

Identity no:

or Passport no:

Race: _____

Preferred Language _____

of Instruction: _____

Highest Grade passed: _____

Tick one
Dexterity of
Learner

Tick both if Ambidextrous



Left Handed



Right Handed

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:

Is your child currently in therapy?: Yes No

If yes, please provide details of treatment and contact details of treating professionals:

TRANSPORT DETAILS



Please complete:

I have my own transport: I use public transport: I use both private and public transport:

Name of person / company responsible for pick-up: _____

Contact details: _____

Please note: It is the Parents' responsibility to communicate school hours to the person responsible for collecting their child from this school.

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	

SIBLINGS

Number of other children:

Position in the family:

Please supply full names and school they are attending:

Full names	Gr	School