



Photo

Application for: Year: _____
Year/Class: _____

For office use only:

- 1. Copy of child's birth certificate
- 2. Copy of child's immunization record
- 3. Copy of fathers ID
- 4. Copy of mothers ID
- 5. Copy of study permit (if applicable)
- 6. Copy of reports
- 7. Copy of any applicable specialist assessment reports
- 8. Application fee of R500
- 9. Signed Terms and Conditions of enrolment
- 10. Financial Clearance Certificate from previous school
- 11. Attendance at Introductory Parent Night School
- 12. Returned Parents Partnership Agreement
- 13. Letter from Doctor (diagnosed medical condition)
- 14. The Nest – additional information

Application for Enrolment

Section A: Child's Information

| | | | |
|---|----------------------------------|---|--|
| Child's Surname: | | Child's Names: | |
| Gender: | Date of Birth: | ID/Passport no: | |
| First Language: | Other languages: | | |
| Nationality: | Study permit (if not SA citizen) | | |
| Date of Enrolment: | Number of position in family | | |
| Birth History (natural/caesarean/premature/induced) | | | |
| Any complications before, during or after birth? | | Has your child or your family experienced any emotional trauma? | |



PAARL AND RIEBEEK KASTEEL
Van Der Lingen and Malherbe St,
Paarl 021 872 7599
Royal Street, Riebeeck Kasteel
022 448 1295
info@carnegiehouse.co.za
www.carnegiehouse.co.za

Section B: Academic background

| | | | |
|---|--|------------------------------|--|
| Name of current/previous school: | | Current grade/year or class: | |
| Referred to specialist (eg OT/speech/psychologist)? | | | |
| Does your child have any known learning difficulties: | | | |
| If yes, please specify: | | | |

Section C: Parent and Family Information

Parent 1

Parent 2

| | | | | |
|--------------------------------|--------|---------|--------|---------|
| Relationship to child: | | | | |
| Surname: | | | | |
| First name: | | | | |
| Title: | | | | |
| ID/passport number: | | | | |
| Marital status: | | | | |
| Tel (home): | | | | |
| Tel (work): | | | | |
| Tel (cell): | | | | |
| Fax: | | | | |
| E-mail: | | | | |
| Residential address: | | | | |
| Postal address: | | | | |
| Occupation: | | | | |
| Employer and address | | | | |
| Preferred method of comms: | E-mail | Printed | E-mail | Printed |
| Siblings – names and birthdays | | | | |



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Section D: Medical Information

| | | | |
|--------------------------------------|--|-------------------|--|
| Family Doctor: | | Telephone number: | |
| Name of Medical Aid | | Medical aid no: | |
| Name of alternate emergency contact: | | | |
| Relationship: | | Telephone no: | |
| Allergies/medical conditions: | | | |
| Prescription medicine and dosage: | | | |

Section E: Fees and collection information

| | | | | | |
|---|---|---|---|----|---|
| Who is responsible for payment of fees: | | | | | |
| Will your child stay for aftercare: | | | | | |
| Which days will your child attend aftercare: | M | T | W | Th | F |
| What time will you child be collected from aftercare: | | | | | |
| Who brings your child to school: | | | | | |
| Who collects your child from school: | | | | | |
| Do you have any special requests or concerns about your child you want to inform us about: | | | | | |
| Preschool only | | | | | |
| Number of days your child attends school (minimum 4 days in 3-6 year class, 3 days in The Nest of Toddler class): | | | | | |
| If 3/4 days which days will your child attend school: | M | T | W | Th | F |

PLEASE NOTE THAT THIS APPLICATION FOR ENROLMENT WILL NOT BE CONSIDERED IF THE APPLICATION FEE OF R500 DOES NOT ACCOMPANY THIS APPLICATION FOR ENROLMENT.



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Commitment, declaration and indemnity

I, as parent/guardian of my child/ren

..... and as a parent at Carnegie House
Independent School:

- Declare that the above information is true and accurate
- Commit to update the school with any changes to my personal details
- Commit to support the school in all matters relating to the education of my child, including attendance at parents meetings, reading and responding to all communication (notices, e-mails and whatsapps), responding to academic, social, emotional or physical concerns about my child and attending all school functions.
- Accept that I will not hold the school liable should I choose not to follow-up school recommendations for academic, social, emotional, physical or behavioural external assessments.
- Have read, understood, signed and returned the Parent Partnership Agreement.
- Commit to attend an Introductory Parent Night School session.
- Have read and understood the Parents Handbook
- Commit to comply with all school policies and procedures as outlined in the Parents Handbook
- Understand that Carnegie House Independent School is an Independent school which uses the Montessori Method in their approach to teaching which supports the **natural overall** development of the child.
- Accept and understand that the Montessori Curriculum spans a 3-year cycle (0-3 years, 3-6 years, 6-9 years and 9-12 years). I accept and understand that it is in my child's best interest to remain in the school to complete a full cycle. This is to contribute to the child realizing his/her potential.
- Give permission for my child to go on outings organized by the school, provided that I am informed of the destination of the outing. For Primary school children I hereby give permission for my child to go on regular outings (for example but not limited to visits to the library, field work, physical education and sport activities).
- Accept that the school is not responsible for the loss of clothes or belongings that have not been properly marked.
- Give consent to Carnegie House Independent School to take photographs of my child for classroom use (birthday cards, outings etc) advertising, newspaper, magazine articles and editorials or other promotional material.
- Accept that the Principal and staff of Carnegie House Independent School shall not be liable for any damage or injury caused, provided that all reasonable precautions have been taken to ensure the safety and wellbeing of my child while in attendance at the school.
- Give permission to Carnegie House Independent School to send me newsletters, emails and any other correspondence that has to do with the school.
- Accept that I shall be responsible for all medical and hospital expenses for my child arising from injury or accident (including, but not limited to, those related to any allergic condition present) and hereby indemnify the school against such expenses.
- Accept that it is my full responsibility to inform the school in writing of any allergic, chronic or general medical condition that my child has or may have and shall timeously inform the school of any changes thereto. A doctor's letter should accompany this document, indicating the medical condition your child has been diagnosed with, symptoms to be aware of, step by step treatment procedure as well as medicinal/apparatus administration. A meeting with the child's



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teacher must also be arranged to discuss the above before he/she commences schooling at Carnegie House.

- In the event of an emergency where the parents cannot be contacted, I hereby grant permission that my child be taken to the nearest hospital or doctor for treatment (for my account) and indemnify the school and staff of any claim.
- In the case of chronic medication, I hereby give permission to the school to administer my child's chronic medication, as indicated on the enrolment form/ letters attached to the document.
- Holiday care – should there be 3 or less children signed up for holiday care, the school has the jurisdiction to close school for the holiday period stipulated.

I have included the following documents with this application form:

1. Copy of child's birth certificate
2. Copy of child's immunization record
3. Copy of fathers ID
4. Copy of mothers ID
5. Copy of study permit (if applicable)
6. Copy of reports
7. Copy of any applicable specialist assessment reports (OTs, Speech, Psychologists, therapists)
8. Signed Terms and Conditions of enrolment
9. Financial Clearance Certificate from previous school
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I further accept that I shall be responsible for all legal costs involved in the event of failure to pay school fees. I confirm that I have read and understand all information provided in the Parent's Handbook and I confirm that I will pay all school fees on time and **in advance** as indicated below and understand that fees are due for 12 months of the year:

- Monthly fees – **before** the 5th working day of the month
- Termly fees – 5th of January, 5th of April, 5th of July and 5th of October
- Yearly fees – before the 1st of February

I further understand that should I decide to remove my child from the school one full month's notice is required in the preschool and one full terms notice is required in the Primary school.

SIGNED AT.....ON THIS DAY OF20....

FATHER MOTHER

WITNESS.....




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Consent to administer Emergency First Aid Treatment

Carnegie House Independent School is no longer allowed to administer the following without written parental consent:

- Dettol or Savlon
- Plasters
- Antiseptic cream

If you would like the school to use any of the treatments mentioned above please complete the following form:



I, (full names) _____

ID number: _____

The parent/guardian of: _____, hereby give consent for the items described below to be given to my child when necessary by the staff of CARNEGIE HOUSE INDEPENDENT SCHOOL: (please tick where appropriate)

- Dettol or Savlon
- Plasters
- Antiseptic cream

Signature: _____ Date: _____ Place: _____

Telephone: (h) _____ (w) _____



Medication Consent and Indemnity form for Chronic Medication



I, (full names) _____

ID number: _____, the parent/guardian of:

_____, hereby give consent for the medication described below to be given to my child by the staff of CARNEGIE HOUSE INDEPENDENT SCHOOL

Name of medication: _____

What is the medication for: _____

The times the medication needs to be administered: _____

When does the medication needs to be administered: _____

Dosage: _____

Please note that all liquid medication must come in a plastic bag with spoon or syringe.

Signature: _____ Date: _____ Place: _____

Telephone: (h) _____

(w) _____

Allergies: _____



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