APPLE VALLEY ACADEMY

Stand No. 16817 Strathacona Chinhoyi
Phone 0712 163 951 / 0712 163 952
Email applevalleysc@gmail.com

Please attach Passport size Photograph

ADMISSION REGISTRATION FORM

To be Completed in BLOCK LETTERS please

Child's Surname_____ **Other Names**_____

Is your child's surname the same as yours? If not please give details the last page.

Child's Date of Birth DD/MM/YYYY **Boy** ☐ **Girl** ☐ ***tick where appropriate bachelereto***

When and in which grade are you seeking to place your child?

TERM:_____**YEAR** _____**GRADE** _____ **DAY SCHOLAR** ☐ **BOARDER** ☐

tick where appropriate

Does he or she has sibling already learning at Apple Valley? YES ☐ or NO ☐ *tick where appropriate*

If yes, please state the name of the sibling_____

Does he or she has relative learning at Apple Valley? YES ☐ or NO ☐ *tick where appropriate*

If yes please state the name and surname of the relative _____

What is the relationship? _____ and how many years has he/she attend school at Apple Valley Primary School?_____

Parent and Guardian Information

Father's full name:_____
Name of Company_____
Position held at the company:_____
Home Address:_____
_____
Email Address:
_____
Phone number: (home)_____
Phone number: (business)_____
Phone number: (mobile)_____

Mother's full name:_____
Name of Company_____
Position held at the company:_____
Home Address:_____
_____
Email Address:
_____
Phone number: (home)_____
Phone number: (business)_____
Phone number: (mobile)_____

Family Background

What position is the child in the family?_____

How many siblings does he/ she has?_____

What are their names and ages?

Name _____ **Age** _____
Name _____ **Age** _____
Name _____ **Age** _____
Name _____ **Age** _____
Name _____ **Age** _____
Name _____ **Age** _____
Name _____ **Age** _____
Name _____ **Age** _____
Name _____ **Age** _____
Name _____ **Age** _____

Do both parents live at home? (if no, please explain) _____

Are parents biological parents/ adoptive parents/ guardians? _____

Medical History

Were there any notable illnesses during childhood (e.g. measles mumps e.t.c.)?

_____

Has he/she ever been hospitalised for any illness? If so give brief details:

_____

Does he/ she has any allergies? _____

Is there a history of hyperactivity or attention difficulties?_____

Is he/ she on any medication on a permanent or regular basis?_____

Has he/she ever had a serious injury or accident (e.g. broken bones, concussion)_____

Is there a history of learning disability in the family? _____

COPY OF MEDICAL AID CARD REQUIRED: PLEASE SUPPLY

EVIDENCE OF RECENT AUDITORY AND VISUAL TEST (if unsure, the school will provide a list of suitable professionals who perform the test to the required standard)

EDUCATIONAL HISTORY

Please list the names and dates of all pre-schools/ schools attended. (attach copies of previous year's reports)

_____

_____

_____

Please explain the reasons for any school changes_____

Has any learning difficulty been recognised and by whom?_____

Was there any provision made for the difficulty at any of the schools he/she attended?_____

Have any assessments already been carried out (e.g. psychological report, previous teacher assessments etc)?_____

COPIES OF ASSESSMENT TO BE ATTACHED

Other information

Is there any other information that you think is relevant, please inform us:

_____

_____

_____

_____

DECLARATION by Parent and or Guardian

In the event that I accept a place for my child at Apple Valley Primary School :-

a) **I ……(Name of Parent or Guardian) agree and accept that the Headmaster (……) & Superintendent (……), or their duly appointed deputies, may act in "loco parentis" in the event of a signature being urgently required for hospitalisation, travel documents etc.**
b) **I agree to the Superintendent using his/her own discretion in the administering any medical attention to my child in conjunction with the Registered Sister on the premises.**
c) **I undertake to pay a term's fees in lieu of notice, should my child be withdrawn from Apple Valley Primary School without due notice being given.**
d) **I understand that corporal punishment may be administered when necessary by Headmaster or the Superintended.**
e) **I agree to my child being transported in school vehicles and at times by parents of school children.**

Signature _____ Date DD/MM/YYYY

N.B.

BY COMPLETING & RETURNING THIS FORM MEANS THAT YOU AGREE TO THE TERMS HEREIN

THE COMPLETION AND SUBMISSION OF THIS APPLICATION FORM IN NO WAY GUARANTEES OF ENTITLES THE APPLICANT TO AN APPOINTMENT, INTERVIEW OR A PLACE AT APPLE VALLEY PRIMARY SCHOOL. SHOULD A PLACE BECOME AVAILABLE, THE APPLICANT WILL BE INFORMED. NO DISCUSSION OR CORRESPONDENCE REGARDING PROSPECTIVE PLACEMENT WILL BE ENTERED INTO, EXCEPT AT THE INITIATION OF SCHOOL.

The Child's name **cannot** be entered on the waiting list until we have received this application and Registration Fee, So please complete and return as soon as possible.

Please be sure to advise us of any change of address, telephone number of email.

WHEN MAKING ENQUIRIES **PLEASE** PROVIDE YEAR OF REQUIRED ENTRY AND GRADE

~Thank you for interest in apple Valley Primary School~