

**EMOTIONAL DEVELOPMENT**

Are there any problems? .....

.....

Has child attended a play group? .....

Does child separate easily? .....

What is the child's initial reaction to a strange situation? .....

.....

Does child know any current or prospective pupils?.....

.....

Who will bring/fetch your child? .....

.....

**NAME OF 3rd PARTY TO CONTACT IN AN EMERGENCY**

Name: .....

Relations to child: .....

Address: .....

Contact phone number: .....

Any other information relevant to your child that may not have been covered in this document? .....

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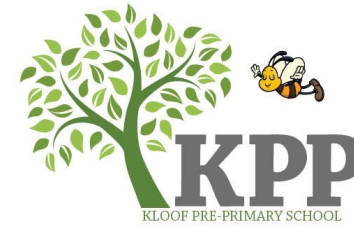
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**PUPILS INFORMATION DOCUMENT**

Childs' Full Name: .....

Physical Address: .....

Postal Address: .....

Telephone Home: ..... Date of Birth: .....

Place of Birth: ..... Nationality: .....

Religion of Child: ..... Home Language: .....

Father's Name & Title: .....

Occupation: .....

Business Name: .....

Business Address: .....

Business Telephone: ..... Cell Phone: .....

Email: .....

ID Number: .....

Mother's Name & Title: .....

Occupation: .....

Business Name: .....

Business Address: .....

Business Telephone: ..... Cell Phone: .....

Email: .....

ID Number: .....

Parents Marital Status .....

Name of other children in the family

Name	Age	Sex
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....

Other members of the household: .....

With whom is the child living? .....

If child is adopted, at what age? .....

Previous school (issue last report) .....

Copies of educational, psychological or medical assessments .....

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**HEALTH**

Name of doctor: .....Phone: .....

General Health: .....

Allergies: .....

Has child had any infectious diseases? .....

Has child visited the dentist? .....

Does child show any fear of Doctor/Dentist? .....

Does child show a dislike /fear of medicines?.....

Medical Aids Name: .....Number.....

Principle .....

**DEVELOPMENT HISTORY**

Difficulties/problems during pregnancy.....

Difficulties/problems during birth? .....

Birth Weight: .....

Were milestones normal? .....

What is child's appetite like? .....

Difficulties and/or dislikes: .....

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**LANGUAGE DEVELOPMENT**

Has this been normal?.....

Are there any problems? .....

Are there any problems with hearing: .....

**ROUTINES**

Toilet training:.....

Are there any problems? .....

Does the child go to toilet independently?.....

Can he/she feed themselves? .....

**SLEEP**

Does child sleep well at night?.....

What time is bed time? .....

Does child require an afternoon nap?.....

Are there any habits which concern you? .....

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Does your child have any fears out if the ordinary? .....

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Where did you hear/find out about our school?

Word of mouth                      Facebook                      Website

Advert                      (Please specify which ad)

Other: .....