

EMOTIONAL DEVELOPMENT

Are there any problems?

.....

Has the learner attended a play group?.....

Does learner separate easily?

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

.....

Does learner know any current or prospective learners?..

.....

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

.....

NAME OF 3rd PARTY TO CONTACT IN AN EMERGENCY

Name:

Relations to learner:

Address:

Contact phone number:

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

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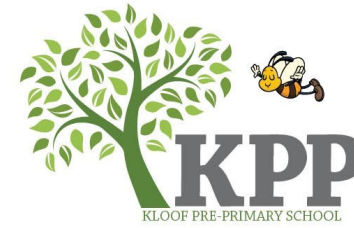
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LEARNERS INFORMATION DOCUMENT

Learners Full Name:.....

Physical Address:

Postal Address:

Telephone Home: Date of Birth:

Place of Birth: Nationality:

Religion of learner:..... Home Language:

Parent 1 Name & Title:.....

Occupation:

Business Name:

Business Address:

Business Telephone: Cell Phone:

Email:

ID Number:

Parent 2 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 learner living?

If learner 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 the learner had any infectious diseases?

Has the learner visited the dentist?

Does learner show any fear of Doctor/Dentist?

Does learner 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 learner’s appetite like?

Difficulties and/or dislikes:

.....

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 learner go to toilet independently?.....

Can he/she feed themselves?

SLEEP

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

What time is bed time?

Does the learner require an afternoon nap?.....

Are there any habits which concern you?

.....

Does your child have any fears out if the ordinary?

.....

Where did you hear/find out about our school?

Word of mouth Facebook Website

Advert (Please specify which ad)

Other: