



**MOTHER / LEGAL GUARDIAN PARTICULARS:**

*Please notify the school immediately of any changes to your personal details.*

First Names:		Surname:			
ID/passport No:		Marital Status:		Nationality:	
Home Address:					
Postal Address:					
Occupation:		Company Name:			
Work Address:					
Tel (H):		Tel(W):		Cell:	
E-mail:				Car Reg.	

**FATHER / LEGAL GUARDIAN PARTICULARS:**

*Please notify the school immediately of any changes to your personal details.*

First Names:		Surname:			
ID/passport No:		Marital Status:		Nationality:	
Home Address:					
Postal Address:					
Occupation:		Company Name:			
Work Address:					
Telephone		Tel(W):		Cell:	
E-mail:				Car Reg.	

Initials: \_\_\_\_\_

**NAMES OF PEOPLE TO CONTACT IN AN EMERGENCY OTHER THAN PARENTS:**

Name:		Relationship:		Tel:	
Name:		Relationship:		Tel:	

**MEDICAL INFORMATION:**

Does your child have any medical condition that we need to be aware of? <i>If YES please provide details:</i>					
Does your child have any allergies that you are aware of? (e.g.: peanuts, dairy, bee stings, meat?). <i>If YES please specify:</i>					
Should medication / hospitalisation become necessary please indicate where applicable:	Medical Aid Name:				
	Medical Aid Number:				
	Name of principal member:				
Address and contact details of your family doctor should they need to be contacted for medical history:					
Are there any allergies your child suffers from? VERY IMPORTANT					

**PREVIOUS SCHOOL / EDUCATIONAL HISTORY:**

Up until now where has your child been? <i>(Mark one):</i>		Home Schooling	Traditional Pre-School	Montessori Pre-School	Traditional Primary	Montessori Primary
Current School: (2018)				Contact No.		
Current Grade: (2018)		Years Attended:		Grades Repeated:	Please attached last school report	
Have you been refused admission at any other school?	YES	If YES when & why?				
	NO					
Has your child received learning / professional support e.g. Occupational Therapy?	YES	If YES when & why?				
	NO					
Has your child received any professional support e.g. Speech / Play Therapy				YES	If YES please attach reports by professionals.	
				NO		

Initials: \_\_\_\_\_

# Learner Risk Assessment

<b>RISK FACTORS FOR SEVERE COVID 19</b>	
<b>Risk factor</b>	
<b>1. Cardiovascular disease</b>	
<b>2. Respiratory Disease</b>	
<b>3. Chronic Kidney failure</b>	
<b>4. Diabetes</b>	
<b>5. Cancer</b>	
<b>6. HIV status</b>	
<b>7. Severe obesity</b>	
<b>8. Chronic Immunosuppressant use</b>	
<b>Parental consent</b>	

## DECLARATION

I ..... hereby declare that to my knowledge, the information I have completed is true and correct. Risk factors indicated and recommendation by a health practitioner will be submitted, prior to my child returning to school.

As Parent I further acknowledge that the school will not be held liable should my child contract any form of infection during the school hours. Please take note that the school will take every precautions ensure a safe environment, but is unable to guarantee the spread of the virus or infection.

I accept that a false declaration may carry legal penalties.

Parent:.....

Date:.....

Witness:.....

Date: .....

## LEARNER HEALTH QUESTIONNAIRE:COVID 19

Dear Parent / Guardian / Caregiver

The evidence emerging from countries around the world is clear and consistent: children are less likely to catch COVID-19. The Department of Basic Education and health are establishing health safety measures to keep all children safe during this pandemic. However a small number of serious medical conditions may put children at risk of becoming severely ill, and the Department needs to know about this to ensure that the necessary support and protection are provided in schools

Please complete the form below regarding any MEDICAL CONDITION your child has. Your child's health information will be kept confidential.

NB. Do NOT send your child/children to school if they are unwell or sick- this includes having a sore throat, runny nose, mild cough, headache or mild fever (high temperature). If needed take them to a health practitioner or the nearest clinic.

<b>Name of Learner</b>	<b>Name of Parent/Guardian</b>
<b>Gender</b> Male Female	<b>Relationship (Mother, Father, Aunt, Grandmother etc.)</b>
	<b>Home Address</b>
<b>Identity Number</b>	<b>Cell Number</b>
<b>Home Address</b>	

Below is a list of conditions that may cause your child to be severely ill if COVID-19 is contracted. To respond, please circle YES if your child has the condition or NO if he or she does not have it.

<b>Please indicate if your child is on chronic medication or is currently receiving treatment for these conditions</b>	<b>Describe the medication prescribed by your doctor</b>		
	<b>Dr. Name</b>		
	<b>Clinic Name:</b>		
	<b>Telephone Number</b>		
Asthma	Yes	No	
Tuberculosis	Yes	No	
Pregnancy	Yes	No	
Chronic severe respiratory tract diseases (Inherited conditions e.g. cystic fibrosis, chronic lung diseases)	Yes	No	
Congenital Cardiac Disease (not corrected by surgery)	Yes	No	
Severe immunodeficiency (both inherited or aquired). This includes HIV infection with a low CD4 count, cancer (on treatment) or children on immunosuppressive drugs e.g. after a transplant	Yes	No	
Other (e.g.) diabetes) not covered above	Yes	No	

The above responses have been completed to the best of my knowledge

<b>Parent / Guardian Signature</b>	<b>Learner Signature 12 years/older</b>	<b>Date of Signature</b>



JACK AND JILL PRE-SCHOOL

NPO No: Registration number: 085-796-NP

16 Mimososa Street, Alabama, KLD 25 O

TEL: 072 225 95 93

**Banking details:**

**Bank: Standard Bank**

**Account Number: 030689236**

**Branch Code: 051001**

**Branch: Wilkoppies Branch**

**Reference : School Fees & Your child's name**

**Fee structure for 2024**

Age	Fees	Year 2024
Registration	R300	Per Month
1-2 years	R650	Per month
3-4 years	R600	Per month
5-6 years	R600	Per month

**REFERENCES:**

School Fees: "Name of Child and School Fees"

Registration and School Fees: Name of Child and Registration & School Fees