

Year required:							<i>Take note: Children are accepted in Grade R the year they turn 6.</i>
Grade required:	Gr R	Gr 8	Gr 9	Gr 10	Gr 11	Gr 12	
STUDENT INFORMATION							
Surname of Student: <small>(as stated on the Birth Certificate)</small>				First Names:			
Boy	Girl	Home Language:		Immigrant: Y / N		Nationality:	
Date of birth:			I.D. Number: <small>A certified copy of the birth certificate must accompany this Enrolment</small>				
Position in Family:		Only or first child	Second child	Third Child	Fourth Child	Fifth or more	

Are there any siblings currently at Sunbird Pre-Primary, Sun Valley Primary or Silvermine High School? If yes, please state names.		
Name:	Grade:	House in Sun Valley Group of Schools (please circle)
Name:	Grade:	De Stadler Jaeger Langley Peers Disa

PARENT INFORMATION							
MARITAL STATUS:	Married	Divorced	Common Law Marriage	Separated	Divorced and Remarried	Single	Deceased: Father / Mother
First Care Giver				Second Care Giver			
Parental Role: <small>E.g. Father, Mother, Step-parent, etc.</small>							
Title and Surname:							
First Name:							
I.D. No: <small>A certified copy of both ID documents must accompany this Enrolment Form</small>							
Physical Address: <small>Proof of residence (rates, telephone acc, etc.) must accompany this Enrolment Form.</small> <small>Domicillium citandi ex executandi</small>							
Postal Address: <small>Please include postal code</small>							
Home Telephone Number:							
Cell Phone Number:							
Occupation:							
Employer / Company Name							
Work Telephone:							
E-mail address:							
Please tick whether you would like to receive the school smses / emails. Default is First Care Giver.		<input type="checkbox"/> SMS	<input type="checkbox"/> Email	<input type="checkbox"/> SMS	<input type="checkbox"/> Email		

Emergency contact other than parents with whom the learner resides		
Name:		Relationship to student: <small>(grandparent, aunt, friend, etc)</small>
Contact Numbers:	Cell:	Work/Home:

PREVIOUS SCHOLASTIC INFORMATION

Please list names of the schools the learner/student has attended

A Transfer Form from the previous school MUST be handed in on entry to Sun Valley Primary and Silvermine Academy: The High School

	Name of School	Country / Province	Contact Number	Reason for Leaving
Pre-School / Nursery / Day Care				
Pre-Primary (Grade R)				
Foundation Phase (Grade 1 - 3)				
Inter-Sen Phase (Grade 4 - 7)				
High School Grade 8 - 12				

MEDICAL INFORMATION

	Condition	Medication
Allergies: <i>(peanuts, bee stings, etc)</i>		
Chronic Illnesses: <i>(diabetes, epilepsy, etc)</i>		
Medical Conditions: <i>(pulmonary stenosis, muscular dystrophy, cerebral palsy, diabetes, etc)</i>		
Disabilities: <i>(hard of hearing, partially sighted, autistic spectrum disorder, ADHD, etc)</i>		

EXTRA-MURAL INFORMATION

Sport and Cultural

Is the learner / student currently involved in an extra-mural activity? Have they received Provincial or National Colours?

Sport	At School	Privately	School and Privately	Provincial / National Colours

PARENT COMMITMENT

We understand that it is our responsibility as parents/guardians to cover the school fees of this student's tuition. The state provides limited funding for parents who cannot pay school fees. Any shortfall in school fee payment must be covered by the rest of the parent community.

Please **initial** the appropriate block.

We are able to pay the school fees as set out in The School Fee Model (E2) brochure.

We understand that the School requires **20 Days** notice should we decide to withdraw from **Sun Valley Group of Schools**, and that we will be billed for a minimum of one month after reception receives the completed **Exit Form**. We have read and accepted the School Policies as laid out in the Policy Documents found at www.sunvalleyprimary.co.za. All the information provided herein is true and correct.

Both parents' / care givers' signatures are required.

1st Parent: _____

2nd Parent: _____

Date: _____

<p>CONCEPTION & BIRTH HISTORY</p> <p>The survival brain grows from conception to 14 months old. Knowledge of this period helps us understand brain development and guides us in our management of your child. Please tick the appropriate block/s:</p> <p> <input type="checkbox"/> Conception - planned <input type="checkbox"/> Conception - surprise <input type="checkbox"/> Conception - traumatic <input type="checkbox"/> Natural Birth <input type="checkbox"/> Natural with assistance (forceps, vacuum, etc.) <input type="checkbox"/> Caesarean Birth <input type="checkbox"/> Birth trauma experience </p> <p>Birth trauma experience <i>(please provide details of any birth trauma)</i></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>APGAR Score: Appearance, Pulse, Grimace, Activity and Respiration</p> <p>_____ <i>(This can be found on their birth medical card)</i></p>	<p>PHOTO GRAPH</p> <p>Attached (with prestick) a recent Passport size colour photograph of your child.</p>
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<p>Please complete this Profile below.</p> <p>The results of this Profile in no way impact on our selection of students. It is designed to assist us to fully understand the brain development of your child so that we can be effective in the next Phase.</p>	<p>Ratings:</p> <p>4 = Strongly agree with the statement 1 = Strongly disagree with the statement</p>			
PHYSICAL DEVELOPMENT OF THE SURVIVAL BRAIN	4	3	2	1
Our Child tends to be a little clumsy at times				
The muscle tone of our child is low. He / she battles to sit up and prefers to lounge.				
Our child avoids games that involve co-ordination, like ball games.				
Our child is best described as hyperactive. He / she seldom sits still.				
Our child can be described as hypoactive. He / she tends to be inactive and prefers to be quiet and not move around.				
Our child often complains about having a sore tummy when it is time to go to play or pre-school.				

<p>14 MONTHS TO PRE-SCHOOL HISTORY</p> <p>The emotional brain grows from 14 months to 4 years. During this period the brain develops its social ability. Please tick any of the below block/s:</p> <p> <input type="checkbox"/> Family Separations (divorce) <input type="checkbox"/> Conflict in the home during this period <input type="checkbox"/> Deep grieving with the loss of a family member <input type="checkbox"/> Trauma of a burglary, attack, car accident, fire experience </p> <p>Give details please</p> <p>_____</p> <p>_____</p>
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EMOTION AND SOCIAL DEVELOPMENT OF THE LIMBIC BRAIN	4	3	2	1
Our child battled to sleep through after 14 months and required additional support				
Our child separated with difficulty at play and pre-schools				
Our child sucked his / her thumb after three years				
Our child bites his / her nails, chews clothes or hair at times				
Our child battles with bedwetting after 5 years of age				
Our child has poor impulse control and often does things impulsively and then thinks about it.				
Our child has a tendency to throw tantrums and battles to regular the emotions.				