

Official Use

Registration No :

Registration Date:



בס"ד

APPLICATION for REGISTRATION Form

Page 1 of 5

Application process:

1. Return completed application form with ID sized photograph to Phyllis Jowell Jewish Day School for processing (kindly note that this application is subject to our written acceptance & receipt of the non-refundable registration fee).
2. Once processed, you will in due course receive a letter confirming whether your application has been successful or not.
3. Should your application be approved, a receipt of a non-refundable registration fee of R3 600 for your first child (additional children are charged at R1 800 each) which is essential to secure your child's place in the school.

CHILD'S DETAILS			
Name		Girl <input type="checkbox"/>	Boy <input type="checkbox"/>
Surname			
Date and Time of Birth		SA ID Number (or Study Visa ref)	
Preferred Enrollment Date		Class/Grade	
Hebrew Name (if known – please write in Hebrew)			
Hebrew Birthday (if known)			
Position of Child in Family			
Previous Schools (most recent report required)			
Who will bring child to school ?			
Who will fetch child from school ?			
Dietary Requirements (eg Chalav Yisroel, Vegetarian)			
MEDICAL DETAILS			
Name of Doctor			
Doctor's Telephone Number			
General Medical History			
Allergies			
Please specify any regular medication taken			
Has child received necessary immunisations ?			
Special Remarks			

PARENTS' DETAILS

Please note: should any of your details change, please notify the administrator immediately

FATHER:

Name	
Surname	
Home Address (including Postal Code)	
Home Telephone Number	
Cellphone Number	
Email Address	
Occupation	
Work Address	
Work Telephone Number	
ID Number (or Date of Birth if no SA ID Number)	
Hebrew Name	

MOTHER:

Name	
Surname	
Home Address (including Postal Code)	
Home Telephone Number	
Cellphone Number	
Email Address	
Occupation	
Work Address	
Work Telephone Number	
ID Number (or Date of Birth if no SA ID Number)	
Hebrew Name	

GENERAL

Name of Shul to which you belong	
Was Mother born Jewish?	
If not, where and when converted?	
Reason for wanting to enter your child in the Phyllis Jowell Jewish Day School	

EMERGENCY CONTACT PERSON

In the event that neither mother nor father can be reached.

Name	
Home Number	
Cellphone Number	
Work Number	

ALL TERMS & CONDITIONS HEREBY AGREED TO BY BOTH PARENTS:

1. We acknowledge that one term's notice in writing is required before our child is removed from the school. Failing this, a full term's fees will be charged in lieu of notice. We understand that this is unfortunately essential due to the financial commitments of the School which is a non-profit organisation.
2. We agree that should we default on payment of school fees which results in the handover to attorneys for collection, all legal costs on a party to party basis will be for our account.
3. We undertake to supply before admission a certified copy of our child's SA ID or proof that application has been made to the Department of Home Affairs.
4. We undertake to supply before admission a certified study visa in the name of our School in the event our child is not a South African citizen.
5. **Indemnity** – We, the undersigned, being the parents and legal guardian of the child/children, hereby indemnify the Phyllis Jowell Jewish Day School, all staff, all members of the committee jointly and severally against any claim on behalf of the child/children referred to in the above application and consequent to attendance of the School and any related activities which may arise in the future. We further undertake to ensure that the child/children is/are handed over personally to the relevant and appropriate teacher in charge whenever he/she attends at the school or any of its functions.

SIGNATURE OF FATHER:
(who hereby confirms being duly authorised hereto as the
LEGAL GUARDIAN* of the child hereby registered)

DATE:

SIGNATURE OF MOTHER:
(who hereby confirms being duly authorised hereto as the
LEGAL GUARDIAN* of the child hereby registered)

DATE:

** Note: Delete if not applicable*

MEDICAL INDEMNITY

Would you please complete and sign the form below. This is essential to enable us to take every precaution to help your child at all times.

In the event of a medical issue at the discretion of the class teacher or another staff member of the School, and you or your doctor not being readily available, you hereby consent that School staff may take whatever medical action may be necessary in the circumstances.

I/we hereby give permission to any member of the staff of the Phyllis Jowell Jewish Day School to engage the services of any medical practitioner, on my/our behalf, of his/her choice or, in the event of a medical practitioner not being available, any person with medical experience to render such treatment to my/our child which the said staff member shall deem necessary.

To be signed by both parents :

SIGNATURE OF FATHER (LEGAL GUARDIAN)

SIGNATURE OF MOTHER (LEGAL GUARDIAN)

DATE.....

NAME OF CHILD.....

NAME OF FAMILY DOCTOR.....

DOCTOR'S TELEPHONE NUMBERS.....

Any medical information you feel will be of value in any emergency e.g. allergies, drugs, family history or previous medical or surgical history:

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IMMUNISATION DETAILS

NAME OF CHILD.....

IMMUNISATION (DATES RECEIVED)

polio	1	2	3	4	5
pertussis	1	2	3	4	5
diphtheria	1	2	3	4	5
Tetanus	1	2	3	4	5
Hepatitis A	1	2			
Hepatitis B	1	2	3		
Measles	1	2	3		
Mumps	1	2			
Rubella	1	2			
Chicken Pox	1	2			

Has your child had the following illnesses:

	Yes/No	Age
Measles
Mumps
Chicken Pox
German Measles (Rubella)