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OFFICIAL USE ONLY	
Date of Receipt:	_____
Registration No:	_____
Registration Date:	_____

PHYLLIS JOWELL JEWISH DAY SCHOOL

APPLICATION FOR ENROLMENT FORM *

Full Name of Child: _____

Tick the applicable enrolment box

Baby Group Pre-School Grade R Grade 1-6

Year of Enrolment: _____

The completed enrolment form must be completed and signed by both parents and/or the legal guardian/s and returned to the Administration office together with a certified copy of your child's birth certificate, a passport photograph, a non-refundable registration fee of R3600.00 (OR where this is not your first child to be enrolled at the School, a non-refundable registration fee of R1800.00) and where applicable a certified copy of your child's study visa.

***NOTE:** Should your child be accepted for enrolment at the Phyllis Jowell Jewish Day School (the School), the information provided in this form will be attached to your confirmation of acceptance and will form part of the legally binding contract between the parent/s and/or legal guardian of the child and the school.

Please read it carefully and initial all pages including the Annexures and sign where applicable.

STUDENT INFORMATION						
Date of Birth (day/month/year):		Gender:				
Hebrew Name:		Hebrew Date of Birth:				
Nationality:						
Citizenship Status (tick as applicable):	South African*		Permanent Resident		Study Visa**	
*South African identity number:						
**Study permit details:						
Home Language:						
Religion(tick as applicable):	Jewish		Not Jewish			
	Congregation:					
Home Address (If different from parents' address):						
Siblings:						
Name:	Age:	School:				
STUDENT ACADEMIC INFORMATION						
Current School						
Current Grade		Started at the school in Grade:				
Principal's Name:		Contact Number:				
Principal's Email Address:						
ADDITIONAL STUDENT INFORMATION						
If you answer yes to any of the questions below you will need to make an appointment with the Principal and the Learning Support Team.						
My child has previously been referred for Learning Support	YES		NO			
My child has Specific Educational Needs that requires support	YES		NO			
CHILD'S MEDICAL INFORMATION						
Does your child have any allergies? (INCLUDING FOOD ALLERGIES)	YES		NO			
If yes, what allergies?						
Is there any medication that needs to be administered by the School in relation to the allergy/ies?	YES		NO			
If yes, confirm that you consent to the School administering the medicine too your child on your behalf.	YES		NO			
PROVIDE A COPY OF A DOCTOR'S LETTER CONFIRMING THE DETAILS OF THE MEDICATION REQUIRED, HOW AND WHEN IT IS TO BE ADMINISTERED. If medication is required daily use, , your doctor needs confirm, in writing , EVERY 6 months that the medication is still required.						

PJIDS Enrolment Form

Does your child have any medical conditions other than allergies	YES		NO		
If yes, provide details?					
Does your child need any medication?	YES		NO		
Will such medication need to be administered at the School?	YES		NO		
If yes, confirm that you consent to the School administering the medicine to your child on your behalf.	YES		NO		
PROVIDE A COPY OF A DOCTOR'S LETTER CONFIRMING THE DETAILS OF THE MEDICATION REQUIRED, HOW AND WHEN IT IS TO BE ADMINISTERED. If the medication is for long term use, your doctor needs confirm, in writing , EVERY 6 months that the medication is still required.					
Doctor's Name and Telephone Number:					
Dentist's Name and Telephone Number:					
Medical Aid Scheme and Scheme Number:					
VACCINATIONS - Please complete the following table. Insert date of vaccination, where applicable.					
POLIO	1	2	3	4	5
PERUSSIS	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			
ILLNESS					
Has your child had any of the following illnesses?	Yes / No		Age at the time of Illness		
Measles					
Mumps					
Rubella (German Measles)					
Chicken Pox					
DIETARY REQUIREMENTS					
Does your child have any special dietary requirements?	YES		NO		
Chalav Israel		Mehadrin		Pat Israel	
				Vegetarian	
					Gluten Intolerant
Other					
OTHER INFORMATION					
Reason for wanting to attend Phyllis Jowell Jewish Day School:					

FAMILY INFORMATION										
MOTHER/GUARDIAN:										
Full Name, Surname and Title:										
Home Address:										
Home Telephone Number:					Mobile Number:					
Email Address:										
Occupation:										
Work Address:										
Nationality:										
Citizenship Status (tick as applicable):					South African*		Permanent Resident		Visa**	
* South African Identity Number										
* *Visa details:										
Marital Status (tick as applicable):										
Single		Married		Separated		Divorced		Widowed		
Religion of Mother:										
Was Mother born Jewish?					YES		NO			
If not, where and when Converted?										
FATHER/GUARDIAN:										
Full Name, Surname and Title:										
Home Address:										
Home Telephone Number:					Mobile Number:					
Email Address:										
Occupation:										
Work Address:										
Nationality:										
Citizenship Status (tick as applicable):					South African*		Permanent Resident		Visa**	
*South African identity number:										
* *Visa details:										
Marital Status (tick as applicable):										
Single		Married		Separated		Divorced		Widowed		
Religion of Father:										
Family's Synagogue :										
EMERGENCY CONTACT (in case the parents cannot be contacted)										
Full Name:										
Mobile Number:										
Email Address:										
Home Address:										
Relationship to child:										

DECLARATION

- I / We request that our child named above is registered as a prospective student.
- I / We understand that the School (through the Head, as the person responsible) may obtain, process and hold personal information about me / us which may include financial information provided by me / us or by any licensed credit reference agency or information contained in any court orders, petitions or proceedings.
- I / We understand that the School may also obtain, process and hold personal information about our child which may include sensitive information, such as medical details or specific education needs details.
- We consent to the School obtaining the information above for the purposes of assessment and, if a place is later offered, in order to safeguard and promote the welfare of the child.

SIGNATURES OF THE PARENTS

FATHER

NAME	SIGNATURE	DATE

MOTHER

NAME	SIGNATURE	DATE

OR

LEGAL GUARDIAN/S (WHERE THE PARENTS ARE NOT THE LEGAL GUARDIAN/S OF THE CHILD)

NAME	SIGNATURE	DATE
NAME	SIGNATURE	DATE

READ, COMPLETE AND SIGN