



FULL-TIME ACADEMIC PROGRAM APPLICATION FORM

Please complete the Application Form, together with supporting documentation as detailed below, and send to nicole.openminded@gmail.com.

STUDENT DETAILS			
Surname		First Names	
Preferred name		Date of birth	
ID number		Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Home Language		Religion	
Primary residence of student	<input type="checkbox"/> Ballito & Surrounds <input type="checkbox"/> Durban & Surrounds <input type="checkbox"/> Kloof/ Hillcrest & surrounds <input type="checkbox"/> Other _____		
LEARNING AND SUPPORT			
Current School name		Grade	
Number of children in your child's current class	<input type="checkbox"/> Home schooling <input type="checkbox"/> Less than 5 <input type="checkbox"/> 5 -10 <input type="checkbox"/> 10 – 15 <input type="checkbox"/> 15 -20 <input type="checkbox"/> 20 – 30		
Does your child currently receive remedial intervention	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Does your child receive any of the following Therapies	<input type="checkbox"/> Occupational <input type="checkbox"/> Speech and Language <input type="checkbox"/> Physical <input type="checkbox"/> Psychological		
Hand dominance	<input type="checkbox"/> Right <input type="checkbox"/> Left		
Has your child's previous or current Teacher highlighted concerns about your child's learning or behaviour? Please provide as much detail as possible.			

LEARNING AND SUPPORT

If yes: were you, or the School, able to find solutions to help deal with any of the aforementioned concerns?

Do you have any lingering concerns about your child's learning or behaviour that have not been diagnosed or highlighted ?

Which 6 words best describe your child's temperament:

- | | | | | |
|---|------------------------------------|--|---|-------------------------------------|
| <input type="checkbox"/> Friendly | <input type="checkbox"/> Reserved | <input type="checkbox"/> Spirited | <input type="checkbox"/> Confident | <input type="checkbox"/> Fun loving |
| <input type="checkbox"/> Calm | <input type="checkbox"/> Energetic | <input type="checkbox"/> Subdued | <input type="checkbox"/> Engaging | <input type="checkbox"/> Intense |
| <input type="checkbox"/> Easily angered | <input type="checkbox"/> Sensitive | <input type="checkbox"/> Compassionate | | <input type="checkbox"/> Flexible |
| <input type="checkbox"/> Prone to mood swings when under duress | | | <input type="checkbox"/> Prefers rigidity and routine | |

MEDICAL INFORMATION

Has your child been diagnosed with a Specific Learning; Behavioural or Neurodevelopmental Disorder by a Medical Specialist ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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If yes, please detail diagnosis

Severity of diagnosis	<input type="checkbox"/> Mild	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe
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Name of Medical Specialist		Date of diagnosis	
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Please detail whether your child has any medically diagnosed immune/ health related comorbidities that have been diagnosed by a Medical Practitioner..

Is there any other information about you, your family or your child that you would like us to know when considering this application..

PARENT DETAILS : FATHER			
Surname Father		First names	
Relationship	<input type="checkbox"/> Father	<input type="checkbox"/> Guardian	
ID number			
Postal address			
Physical address			
Cell phone number			
PARENT DETAILS : MOTHER			
Surname Mother		First names	
Relationship	<input type="checkbox"/> Mother	<input type="checkbox"/> Guardian	
Marital Status	<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced
ID number			
Postal address			
Physical address			
EMPLOYMENT DETAILS : FATHER			
Company Name			
Title/ Position in company			
Physical address of company			
EMPLOYMENT DETAILS : MOTHER			
Company Name			
Title/ Position in company			
Physical address of company			
EMERGENCY CONTACT PERSON			
Name of contact person		Relationship	
Residential area of contact person	<input type="checkbox"/> Ballito & Surrounds <input type="checkbox"/> Kloof/ Hillcrest & surrounds	<input type="checkbox"/> Durban & Surrounds <input type="checkbox"/> Other _____	
Cell phone number		Home number	
PAYMENT DETAILS			
Full names of person responsible for paying fees			
Relationship to child		Current Residence	<input type="checkbox"/> Owned <input type="checkbox"/> rented
Postal Address			
Cell phone number		Email address	



Please ensure the following supporting documentation is attached to this application submission:

- Copy of Parents ID
- Copy of your child's two most recent School reports
- Copy of latest Invoice from child's current School
- Proof of payment for R200 Application Fee

I/we hereby declare that the information provided in this application form is true and accurate to the best of my/our knowledge, and I/we agree to inform OpenmindED Learning Centre of any changes therein with immediate effect. I/we agree unconditionally that OpenmindED Learning Centre reserves the right to terminate this application process or any future admission of my/our child, with immediate effect, should there be any false information that compromises the interests of the Learning Centre and its shareholders.

By completing this application, I/we acknowledge that this does not secure enrolment for my/our child into OpenmindED learning Centre. Acceptance is solely at the discretion of the school Headmistress and is conditional upon there being sufficient space and capacity at OpenmindED Learning Centre.

Parent / Guardian signatures

Full names (Father / Guardian): _____ Date : _____

Signature (Father / Guardian): _____

Full names (Mother / Guardian): _____ Date: _____

Signature (Mother / Guardian): _____

<p><u>Banking details</u></p>
