



JOHN MACKENZIE PRE-PRIMARY SCHOOL

PHOTOGRAPH

APPLICATION FORM PRE-PRIMARY

The following should accompany the application form for registration

- Most recent passport size photograph of applicant
- A copy of applicant's birth certificate
- A copy of applicant's most recent school report (where applicable)
- Proof of residency if the applicant is a non-citizen
- A transfer letter (required on admission where applicable)
- A non-refundable fee of P300
- A copy of the applicant's Immunisation Card / A Health Profile
- Would you require Aftercare at John Mackenzie Pre-Primary?



DATE OF APPLICATION						DATE OF BIRTH	d	d	m	m	y	y
PUPIL'S NAME AND SURNAME AS PER BIRTH CERTIFICATE												
PLACE REQUIRED	3-4 YEAR OLD CLASS OR 4-5 YEAR OLD CLASS	PROPOSED DATE OF ENTRY	YEAR/TERM/MONTH									
DETAILS OF PREVIOUS/CURRENT SCHOOL	NAME OF SCHOOL	ADDRESS	TELEPHONE NUMBER									
REASONS FOR LEAVING PREVIOUS/CURRENT SCHOOL												



PROSPECTIVE PUPIL'S DETAILS

NAME THE PUPIL USES AT SCHOOL								
SEX	MALE			FEMALE				
PLACE OF BIRTH	TOWN/CITY			COUNTRY				
NATIONALITY AS PER PASSPORT								
LANGUAGE/S SPOKEN AT HOME								
RESIDENCE STATUS IN BOTSWANA								
RELIGION								
SIBLINGS AT BOTH JMS PRIMARY AND HIGH SCHOOL	NAME			STANDARD/FORM				
	NAME			STANDARD/FORM				
	NAME			STANDARD/FORM				
PHYSICAL DISABILITIES								
ILLNESS/ALLERGIES								
THE APPLICANT RESIDES WITH?	MOM & DAD	<input type="checkbox"/>	MOM	<input type="checkbox"/>	DAD	<input type="checkbox"/>	RELATIVE/GUARDIAN	<input type="checkbox"/>
MEDICAL AID PROVIDER	NAME OF MEDICAL AID		NAME OF PRINCIPAL MEMBER		MEDICAL AID NO.			
NAME AND PHONE NUMBER OF FAMILY DOCTOR								
DO YOU HAVE ANY OBJECTIONS TO YOUR CHILD RECEIVING FIRST AID TREATMENT IN CASE OF A MINOR ACCIDENT OR EMERGENCY?				YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	
HAS YOUR CHILD EVER BEEN IDENTIFIED AS HAVING ANY SPECIAL LEARNING NEEDS (IS GIFTED OR HAS A SPECIFIC LEARNING DIFFICULTY)? IF YES, PLEASE GIVE DETAILS								

HAS YOUR CHILD RECEIVED ANY SPECIALISED SUPPORT FOR LEARNING IN THE PAST? IF YES, PLEASE GIVE DETAILS								

HAS YOUR CHILD'S BEHAVIOUR BEEN IDENTIFIED AS A CONCERN AT A PREVIOUS/CURRENT SCHOOL OR BY YOURSELF? IF YES, PLEASE GIVE DETAILS								



CHILD'S HEALTH PROFILE

SENSORY INFORMATION	
IS YOUR CHILD PRONE TO FIGHTING/PUSHING OTHERS?	
DOES YOUR CHILD REACT NEGATIVELY TO MESSY PLAY—E.G. MUD, PAINT/GLUE?	
IS YOUR CHILD ABLE TO SIT QUIETLY WHEN NECESSARY?	
DOES YOUR CHILD HAVE ANY FEARS?	

TELL US ABOUT YOUR CHILD. HOW DO YOU SEE HIS/HER STRENGTHS AND WEAKNESSES? DESCRIBE HIS/HER PERSONALITY (PREFERENCES, STRENGTHS, CHALLENGES, ETC.):

ASTHMA INFORMATION

IF YOUR CHILD IS ASTHMATIC, PLEASE COMPLETE THE FOLLOWING. THIS FORM WILL BE POSTED IN OUR SICK BAY FOR EASY REFERENCE IN CASE OF AN EMERGENCY:

WHAT BRINGS ON AN ASTHMA ATTACK? _____

WHAT TREATMENT IS GIVEN? _____

DO YOU WISH US TO ADMINISTER ASTHMATIC TREATMENT AT SCHOOL IN THE EVENT OF AN ATTACK? YES NO IF YES MEDICATION MUST BE SUPPLIED. PLEASE LABEL THE CHILD'S NAME AND DOSAGE.

- THIS IS TO CERTIFY THAT I GIVE THE PRINCIPAL AND/OR STAFF PERMISSION TO TAKE APPROPRIATE MEDICAL ACTION IF THE SCHOOL IS UNABLE TO CONTACT ME IN THE EVENT OF MY CHILD BEING HURT OR UNWELL AT SCHOOL.

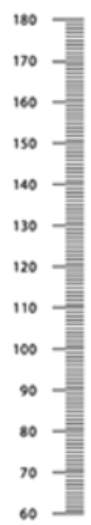
SIGNATURE OF PARENT/GUARDIAN FOR ASTHMA INFORMATION:

OPERATIONS/ILLNESSES

HAS YOUR CHILD EVER HAD A HIGH TEMPERATURE?	YES	NO
HAS YOUR CHILD EVER HAD A CONVULSION?	YES	NO
HAS YOUR CHILD EVER SUFFERED A HEAD INJURY?	YES	NO
HAS YOUR CHILD EXPERIENCED TRAUMA, e.g. DURING HIJACK, SEPARATION OR DIVORCE?	YES	NO
HAS YOUR CHILD BROKEN A LIMB?	YES	NO
WAS THE BIRTH TRAUMATIC?	YES	NO
ANY COMPLICATIONS SUCH AS LACK OF OXYGEN		
C - SECTION OR NORMAL BIRTH?		
DATE OF CHILD'S LAST MEDICAL EXAMINATION		
REASON FOR THIS EXAMINATION:		



PLEASE TICK IF YOUR CHILD HAS SUFFERED FROM ANY OF THE FOLLOWING ILLNESSES					
CROUP	YES	NO	EAR INFECTIONS	YES	NO
CHICKEN POX	YES	NO	EYE INFECTIONS	YES	NO
ASTHMA	YES	NO	URINARY INFECTIONS	YES	NO
MEASLES	YES	NO	WHOOPING COUGH	YES	NO
MUMPS	YES	NO	MENINGITIS	YES	NO
GERMAN MEASLES	YES	NO	ENCEPHALITIS	YES	NO
HEPATITIS/SCARLET FEVER	YES	NO	OTHER	YES	NO



DOES YOUR CHILD HAVE ANY CONGENITAL ILLNESS?

DO YOU HAVE ANY CONCERNS ABOUT YOUR CHILD'S PHYSICAL CONDITION? IF SO, PLEASE GIVE DETAILS:

ANY ILLNESS OF WHICH WE SHOULD BE AWARE OF? E.G. EPILEPSY, DIABETES

TESTS AND ASSESSMENTS				
HAS YOUR CHILD HAD HIS/HER HEARING TESTED?	YES	NO	WHEN?	
HAS YOUR CHILD HAD HIS/HER VISION TESTED?	YES	NO	WHEN?	
HAS YOUR CHILD HAD MIDDLE EAR INFECTIONS? IF SO WHEN AND HOW MANY?				

HAS YOUR CHILD HAD ANY OF THE FOLLOWING ASSESSMENTS? PLEASE SUBMIT ASSESSMENT REPORTS.				
	DATE		PRACTITIONER/THERAPIST	
SPEECH/LANGUAGE	YES	NO		
OCCUPATIONAL THERAPY	YES	NO		
EDUCATIONAL	YES	NO		
EMOTIONAL	YES	NO		
PHYSIOTHERAPY	YES	NO		

ALLERGIES

PLEASE GIVE DETAILS IF YOUR CHILD IS ALLERGIC TO ANY OF THE FOLLOWING:

BEE STINGS	
INSECT BITES (STATE WHICH)	
FOODS (STATE WHICH)	
FOOD ADDITIVES (STATE WHICH)	
FOOD PRESERVATIVES (STATE WHICH)	

IS THERE ANY OTHER ALLERGY/ALLERGIES THAT COULD AFFECT YOUR CHILD AT SCHOOL OR ON AN OUTING? PLEASE PROVIDE DETAILS.



PARENT'S DETAILS

PLEASE COMPLETE EACH SECTION FULLY. IF THE APPLICANT DOES NOT RESIDE WITH HIS/HER PARENTS PLEASE MAKE USE OF THE GUARDIAN SECTION

	FATHER	MOTHER	GUARDIAN (how are you related to applicant?)
ARE YOU A PAST JMS PUPIL?			
TITLE			
SURNAME			
FIRST NAMES			
NATIONALITY			
RESIDENCE STATUS IN BOTSWANA			
TELEPHONE NUMBER (W)			
(H)			
FAX NUMBER			
CELL NUMBER/S			
EMAIL ADDRESS			
MARITAL STATUS	MARRIED/SINGLE/SEPARATED/DIVORCED/ WIDOW/WIDOWER	MARRIED/SINGLE/SEPARATED/DIVORCED/ WIDOW/WIDOWER	MARRIED/SINGLE/SEPARATED/DIVORCED/ WIDOW/WIDOWER
POSTAL ADDRESS			
RESIDENTIAL ADDRESS			
PLEASE WHEN FILLING IN THE NAME OF YOUR EMPLOYER, DO NOT USE ABBREVIATIONS, BE SPECIFIC. IF YOU ARE SELF EMPLOYED WRITE YOUR COMPANY NAME. IF EMPLOYED BY A GOVERNMENT DEPARTMENT FOR INSTANCE SPECIFY WHICH HOSPITAL, WHICH POLICE STATION OR WHICH SCHOOL ETC			
OCCUPATION			
EMPLOYER'S NAME			
EMPLOYER'S PHYSICAL ADDRESS			
EMPLOYER'S POSTAL ADDRESS			
IN AN EMERGENCY, IF NONE OF THE ABOVE ARE AVAILABLE, CONTACT :			
NAME:	CONTACT NUMBER	RELATIONSHIP TO THE PUPIL	



PARENTAL UNDERTAKING

I, Mr/Mrs./Ms.: _____ (Full name), being the parent/legal guardian of _____ (full name of child), hereby acknowledge that I have read and understood all the particulars in and of this application form and that all information given by me is accurate to the best of my knowledge.

1. I understand that by submitting this form, I authorize the School's Admission's Office to contact my child's previous/current school should further information be required in order to process this application.
2. I understand that the submission of this form and its acceptance by John Mackenzie School does not, in any way, guarantee that a place will be available for my child.
3. Should my child be offered a place. **I agree to be bound by the School's Rules, Regulations and Code of Conduct for Pupils and Parents.**
4. I understand that, if my child is offered a place at John Mackenzie Pre-Primary School, and I accept the place offered, in writing, the full amount of a P4 400 school fees must be paid before my child enters the school.
5. A P2000 non-refundable Capital Development Levy will be paid before my child enters Transition at the Primary School.
6. I understand that the registration fee of P300 payable at the time of application, is non-refundable and I hereby agree that, should this application be successful and my child is offered a place at John Mackenzie School, I shall be legally liable for the full payment, by the due date on the invoice(s), of all school fees stipulated from time to time.
7. I understand that should my obligations as indicated not be fulfilled then the School will have no alternative but to exclude my child/children until such time as the fees are brought up to date.
8. Before removing my child/children from the School, **a full school calendar term's notice shall be given, in writing**, of my intention to withdraw my child from John Mackenzie School and that, failing to give such notice; I will be legally bound to pay the equivalent of one term's school fees in lieu of notice.
9. I will be responsible for all legal costs in the event of debt collection if such steps have to be taken.

Mother's Signature: _____

Date: _____

Father's Signature: _____

Date: _____

Guardian's Signature: _____

Date: _____

FOR SCHOOL OFFICE USE ONLY

FINANCE DEPARTMENT

DATE APPLICATION RECEIVED	RECEIVED BY	REGISTRATION RECEIPT NUMBER
ADMISSIONS		EXIT
DATE ON OFFER LETTER	DATE PUPIL STARTS	EXIT DATE
CLASS TEACHER	CLASS /STANDARD ON ADMISSION	CLASS/STANDARD ON EXIT
ADMISSION NUMBER	SPORTING HOUSE	REASON FOR LEAVING
HOUSE ALLOCATED BY	ADMINISTRATOR'S SIGNATURE	ADMINISTRATOR'S SIGNATURE

