Thank you for your interest in WINGS Discovery Centre. Please complete the following application form giving as much detail as possible. The more we know about your child the better we will be prepared to assist in the best way possible. Please note that completing this form does not guarantee admission to WINGS Discovery Centre.
The information included on this completed application form and supporting documents will be treated confidentially by the school as per the South African POPI Act.

Date of Application: _____

CHILD'S DETAILS

Full Name:		**ID Number:** ***(Please attach a copy)***	
Date of Birth:		**Age:**	**Right or Left-handed:**
Home address: ***(Please provide proof of address)***			
		Postal Code:	
Home Language:			
Current school:		**School's Phone Number:**	
Grade:		**Name of Class Teacher:**	
What are the child's living arrangements?			

Name of GP / Paediatrician:		**Phone Number:**	
Medical Aid Name and Plan:			
Medical Aid Number:		***(Please attach a copy of medical aid card)***	
Are the child's vaccinations up to date?	**YES / NO**	***(Please attach a copy of hospital / clinic card)***	

Siblings: (Please include stepsiblings)			
Name:	Age:	School:	Grade:

CONFIDENTIAL

FATHER'S / GUARDIAN'S DETAILS

Full Name:		**ID No:** ***(Please attach a copy)***	
Marital Status:			
Home Address:			
			Postal Code:
Postal Address:			
			Postal Code:
Contact Numbers:	**(W)**	**(H)**	**(C)**
Email Address			

MOTHER'S / GUARDIAN'S DETAILS

Full Name:		**ID No:** ***(Please attach a copy)***	
Marital Status:			
Home Address:			
			Postal Code:
Postal Address:			
			Postal Code:
Contact Numbers:	**(W)**	**(H)**	**(C)**
Email Address			

DETAILS OF PERSON RESPONSIBLE FOR PAYING SCHOOL FEES

Full Name:			
Contact Numbers:	**(W)**	**(H)**	**(C)**
Email Address			

GENERAL INFORMATION

Reason for applying at WINGS Discovery Centre:
Please detail any pregnancy and/or birth related problems regarding your child:

Did your child reach milestones without any trouble as a baby/toddler i.e. – crawling, walking, eating solids, sleeping patterns, etc.? Please also include the ages when he/she started crawling, walking and eating solid foods below:

Does/did your child suffer from any physical illnesses/allergies or medical or any other conditions which may affect his/her learning experience at school? Please give details below:

Please list any previous assessments by Occupational Therapist / Psychologist / Optometrist / Audiologist / Remedial Therapist / Other professional:

(Please attach copies of any reports you have from previous assessments)

Name of Professional	Assessment Carried Out	Date of Assessment

Describe your child's attitude towards school and his/her relationship with his/her teachers.

Pre-Primary school(s) / day-care centre(s) attended? Please give name of school and dates attended.

Previous schools attended? What was your child's experience of school?
In which sports / extra-mural activities does your child participate?
Any Grades repeated at school? Which Grade was repeated and why?
Any emotional traumas or life events suffered in the past? (E.g. divorce, moving, loss, grief, etc.)
What are your child's strengths and interests? What makes him/her special and unique?
Any other information you feel is relevant?

Thank you for taking the time to fill in this questionnaire. It will help us to prepare as best as possible to meet, assess your child's academic struggles and assist him/her to the very best of our ability.

Please sign and date below and return completed questionnaire to Tracey Botha.

Mother's Name	**Signature**	**Date**
Father's Name	**Signature**	**Date**

Please take note of the checklist on the last page

Please supply copies of all previous psychological, remedial, OT, speech/audiology, eye behavioural, school readiness and other assessment reports, as well as your child's last school report with this application. We require these reports along with your application form.
Contact details:
E-mail: Lizelle Botha wingsreception91@gmail.com; Tracey Olivier tracey@wingsdc.co.za
Tel: 082 339 4896

Check list:

- ☐ Completed, signed and dated application form
- ☐ Copy of hospital/clinic card showing vaccinations
- ☐ Copy of Psychologist report and any other reports (OT/Speech/Audiologist/Remedial/Medical)
- ☐ Copy of last school report received
- ☐ Proof of address
- ☐ Certified copy of medical aid card
- ☐ Certified copy of child's ID/birth certificate
- ☐ Certified copy of both parents' ID's