



# Treow Student Enrolment Form

Child's Photo
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Form filled in by: _____	Date form filled in: _____
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<b>Student Information:</b>	
Child's full name: _____ Child's preferred name: _____	Sex: M / F (PLEASE CIRCLE) D.O.B: _____
Home language: _____	Nationality: _____
Year and term for entry: _____	Class entering: _____

<b>Parent/Guardian Information:</b>	<b>Parent/Guardian Information:</b>
Father/Guardian's full name: _____	Mother/Guardian's full name: _____
Residential address: _____ _____ _____	Residential address: _____ _____ _____
Postal address (if different from above) _____ _____ _____	Postal address (if different from above) _____ _____ _____

Cell: _____ Home: _____	Cell: _____ Home: _____
Email: _____	Email: _____
Occupation: _____ Employer: _____ Name: _____ Address: _____ Tel: _____	Occupation: _____ Employer: _____ Name: _____ Address: _____ Tel: _____
<p>Parents are:</p> <p><input type="checkbox"/> Married <input type="checkbox"/> Co-habiting <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Divorced</p> <p><input type="checkbox"/> Other _____</p> <p>Child lives with (please circle): Both parents together / One parent only / One parent or Guardian alternating / Other: _____</p> <p>Please provide schedule arrangement should child live at alternating households:</p> <p>Mom: _____</p> <p>Dad: _____</p> <p>Other / guardian: _____</p> <p>Is your Child adopted or from foster care (please circle): Yes / No Other: _____</p>	
<p><b>Present school and extra support information:</b></p>	
<p>School's Name: _____</p> <p>School's Address: _____</p> <p>School's Phone Number: _____</p> <p>Teacher's Name: _____</p>	

<p>Email (if possible): _____</p> <p>Contact number (if possible): _____</p>
<p>Child's current attitude towards school/teacher: _____</p> <p>_____</p>
<p>Has your child experienced any learning/behavioural difficulties at school?</p> <p>_____</p> <p>Has your child ever been medicated for behavioural/ learning needs? If so, when and what medication?</p> <p>_____</p> <p>Has your child experienced any social difficulties? _____</p> <p>Has your child ever received extra learning support/other therapy?</p> <p>Age: _____ Reason: _____</p> <p>Therapist (name &amp; number): _____</p> <p>Dates attended: start: _____ finish/present: _____</p> <p>Who was your child referred by: _____</p> <p>Age: _____ Reason: _____</p> <p>Therapist (name &amp; number): _____</p> <p>Dates attended: start: _____ finish/present: _____</p> <p>Who was your child referred by: _____</p> <p>Age: _____ Reason: _____</p> <p>Therapist (name &amp; number): _____</p> <p>Dates attended: start: _____ finish/present: _____</p> <p>Who was your child referred by: _____</p> <p>Additional information on family problems with health, development, learning or behaviour:</p> <p>_____</p> <p>_____</p> <p>How did you come to hear of Treow? _____</p>

Why would you like your child to come to Treow?

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What do you know about Waldorf Education? \_\_\_\_\_

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Names of all previous schools attended:

Class:	Year:	School:	Town/City & Country:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Siblings/Family/Daily Life:** *Please provide us with the following information:*

Siblings:

1. Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relation: \_\_\_\_\_  
School: \_\_\_\_\_ Close / distant relationship ( please circle)  
Living at home (please circle): Y / N Other: \_\_\_\_\_

2. Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relation: \_\_\_\_\_  
School: \_\_\_\_\_ Close / distant relationship ( please circle)  
Living at home (please circle): Y / N Other: \_\_\_\_\_

3. Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relation: \_\_\_\_\_  
School: \_\_\_\_\_ Close / distant relationship ( please circle)

Living at home (please circle): Y / N Other: \_\_\_\_\_

Describe your family unit/how you are together and what you enjoy doing as a family: \_\_\_\_\_

\_\_\_\_\_

Family is religious? (please elaborate) \_\_\_\_\_

Family is musical? (please elaborate) \_\_\_\_\_

Child's interests/hobbies/extra-curricular activities/strengths: \_\_\_\_\_

\_\_\_\_\_

Describe your weekends/holidays: \_\_\_\_\_

\_\_\_\_\_

Describe your child's typical weekday routine: \_\_\_\_\_

\_\_\_\_\_

Child's sleeping patterns: good / disturbed (please circle) hours: \_\_\_\_\_

Sleep time: \_\_\_\_\_ Awake time: \_\_\_\_\_ Elaborate: \_\_\_\_\_

Child's responsibilities at home if any, please elaborate: \_\_\_\_\_

\_\_\_\_\_

**TV & COMPUTER GAMES:**

Child Watches TV: Y / N (please circle) Amount per day \_\_\_\_\_ week \_\_\_\_\_

Names of TV shows/ movies: \_\_\_\_\_

Watches before school: Y / N (please circle)

Plays tablet/computer/phone/TV games: Y / N (please circle)

Names of games: \_\_\_\_\_

Amount per day/week \_\_\_\_\_ weekend \_\_\_\_\_

Social media: Y / N (please circle) Amount per day/week \_\_\_\_\_

Is screen time monitored? Y / N (please circle)

Child has own tablet / phone / tv / ipad / other \_\_\_\_\_ (please circle)

**Pregnancy/ Birth History Health/ & Milestones : This will be kept fully confidential**

Pregnancy: planned / unplanned (please circle) if assisted (IVF), elaborate: \_\_\_\_\_

Birth: home / water / hospital birth (please circle)

Was baby: full term / early / on time / late (please circle) if late, weeks? \_\_\_\_\_

Was labour: spontaneous / induced / waters broke more than 24 hrs before delivery (please circle)

Did you have: gas / pethidine / epidural / other pain relief \_\_\_\_\_(please circle)

Was there foetal distress / foetal monitor? (please circle)

Length of labour \_\_\_\_\_ 2nd stage \_\_\_\_\_

Was delivery: head first / posterior / breech / transverse / forceps / vacuum extraction (please circle) caesarean - elective/emergency? (please circle)

Cord around the neck / baby cried right away? (please circle)

Was baby put in: humidicrib / given oxygen / need respirator / in ICU(please circle)

Was baby: with you / breastfeed straight after birth (please circle)

New-born: Breathing difficulties / infections / jaundice / put under lights / clicky hips / heart defect / feeding suckling difficulties / convulsions / funny turns / surgery (please circle) Elaborate: \_\_\_\_\_

Did mom suffer: postnatal depression / complications / other (please circle)

Comments: \_\_\_\_\_

Was your baby breastfed? Y / N (please circle) How long? \_\_\_\_\_

Solids started at \_\_\_\_\_ months

Infancy: How would you describe your child? (please circle one or more below:)

*Contented / floppy / irritable / sleeping problems / sleepy / cried a lot / arched back/ active / colicky / feeding difficulties / reflux / placid / over alert*

Any additional comments:

**Milestones:**

Smiled responsively	_____ weeks	Sentences	_____ years
Rolled	_____ months	Toilet trained	_____ years
Sat alone	_____ months	1st teeth	_____ months

Crawled	_____months	2nd teeth	_____years
Walked alone	_____months	Pedalled tricycle	_____years
Babbled	Y / N (please circle)	Rode 2 wheel bike	_____years
Single words	_____months	Tied Shoelaces	_____years
Phrases	_____months	Used Knife & Fork	_____years

Language: early before walking / average / delayed (please circle)

Second language? \_\_\_\_\_

Childhood illnesses, please state: \_\_\_\_\_

Has your child ever had an operation? If so, please state: \_\_\_\_\_

Eczema / Asthma / Anaphylaxis / Diabetes type \_\_ ( Please circle)

Bowel motions: daily / irregular / windy / constipated / other (please circle)

Has your child been vaccinated, if so, which ones?

Has your child ever experienced trauma? Please elaborate: \_\_\_\_\_

Has your child ever had one parent go away or parents goes away frequently?

Any special medications, allergies to medicine or physical impairment:

Anything else we need to be aware of: \_\_\_\_\_

**Parent/Guardian consent:**

If parent or guardian cannot be reached, please list the name and contact information for a local person who you authorize to care for your child/ren.

Name:

\_\_\_\_\_

Phone:

\_\_\_\_\_

Relationship to child:

\_\_\_\_\_

GP / Homeopath Name and number: _____ _____	Child's Medical Aid: _____	Membership No: _____
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If emergency contacts cannot be reached, I hereby give permission for emergency care and treatment which could include hospitalization, anaesthesia, and/or surgery for my child if deemed medically necessary:

Yes     No    Other comments: \_\_\_\_\_

Treow has permission to give my child Panado/Calpol/other Ibuprofen-based or homeopathic medication (Appropriate dosage for age), as needed. Medication administered will be kept in a medical log.

Yes     No    Other comments: \_\_\_\_\_

Medications allergic to _____ _____ _____	Any other allergies: _____ _____ _____
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Is your child on any medication on an ongoing basis? If so, please list medications and dosages

\_\_\_\_\_  
\_\_\_\_\_

**Media:**

Treow may take pictures of students throughout the year. These pictures could feasibly be published in a newspaper article, a publication, or be used on social media. If you do not wish to have your child's name or picture published please indicate below.

Note: When posting pictures to social media, the child's name is usually not given.

Treow advertisements	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Facebook/Instagram/etc posts	<input type="checkbox"/> Yes <input type="checkbox"/> No
Newsletters	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Treow Policies and Guidelines:**

As a prospective parent, I have read and would be prepared to sign the Parent's Contract as it appears on the Treow Website, should my child/ren be accepted

Yes     No

As a prospective student, my child and I have read the Student Code of Conduct as it appears on the Treow Website. My child/ren is/are prepared to obey this code of conduct, should he/she/they be accepted into Treow.

Yes     No

**Tuition and Fees:**

As an independent school, Treow reserves the right to set its own term dates. These will, however, be guided by those set out by the Federation of Waldorf Schools.

Tuition fees are payable in advance. Annual, termly, and monthly payment plans are available.

You may, from time to time, be expected to contribute towards activities such as excursions or camps.

In the event of graduation, withdrawal, transfer, or expulsion, you will be responsible for full payment of tuition and other fees through to the end of the term in which such event takes place.

I am prepared to pay the fees necessary for my child, should he/she be accepted into Treow

Yes     No

**Additional Comments/Questions:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Emergency Contact Information:** If the Parents cannot be contacted, please contact the emergency contacts below:

Contact 1: Name and Surname _____	Contact 2: Name and Surname _____
Cell: _____ Home: _____	Cell: _____ Home: _____

**Doctor:** If your child needs immediate medical attention, the Treow should take them to the following Doctor:

Doctor: Name and Surname _____	Address _____ _____ _____
Cell: _____ Home: _____	

I have read and completed the above form *in full* (including checking all appropriate boxes) and wish to apply for enrolment in Treow.

Name: \_\_\_\_\_ (Mother or Guardian)

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Place: \_\_\_\_\_

Name: \_\_\_\_\_ (Father or Guardian)

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Place: \_\_\_\_\_

All information requested in this Application for Admission must be given before acceptance of the Student can be considered. Incomplete forms will be returned for proper completion.

By signing this form, consent is given to Treow to conduct whatever enquiries may be considered necessary to verify any information given in this Application for Admission, including confirmation of credit ratings with a national Credit Bureau and references with other relevant personnel such as teachers, facilitators and caregivers.

The following documents and payments must please accompany this application:

1. A copy of the last two reports from the student's present school.
2. A copy of any previous educational assessments / diagnosis of the student.
3. A copy of any educational psychologist reports.
4. 1 colour passport type photo of the student (attached to form)
5. Photocopies of the front page of the IDs /Passport of both parents/guardians.
6. A copy of the Pupil's unabridged birth certificate, ID & passport.
7. A copy of a utility bill not older than three months (for each parent if residing at separate addresses).
8. A copy of the latest school Statement of Account.
9. An administration fee of R350.00 (please contact the administrator for banking details).

Please note that on acceptance, a placement fee of R2,000 will be required.

Please print, complete, sign, attach photo, scan and return to [admin@treow.org.za](mailto:admin@treow.org.za), arrange to drop off with the administrator. Please do not post during lockdown due to the Post Office not operating effectively.