



# 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: _____

Parents are:

- Married
  Co-habiting
  Widowed
  Separated
  Divorced  
 Other \_\_\_\_\_

Child lives with (please circle):

- Both parents together
  One parent / Guardian only
  Alternating  
 Other \_\_\_\_\_

Please provide schedule arrangement should child live at alternating households:

Mom: \_\_\_\_\_

Dad: \_\_\_\_\_

Other / guardian: \_\_\_\_\_

Is your Child adopted or from foster care (please circle): Yes / No Other: \_\_\_\_\_

**Present school:**

School's Name: \_\_\_\_\_

School's Address: \_\_\_\_\_

School's Phone Number: \_\_\_\_\_

Teacher's Name: \_\_\_\_\_

Email (if possible): \_\_\_\_\_

Contact number (if possible): \_\_\_\_\_

Child's current attitude towards school/teacher: \_\_\_\_\_

How did you come to hear of Treow? \_\_\_\_\_

Why would you like your child to come to Treow?

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

Names of all previous schools attended:

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

**Siblings:** *Please provide us with the following information:*

Siblings: Name: \_\_\_\_\_ Age: \_\_\_\_\_

Siblings: Name: \_\_\_\_\_ Age: \_\_\_\_\_

Siblings: Name: \_\_\_\_\_ Age: \_\_\_\_\_

Siblings: Name: \_\_\_\_\_ Age: \_\_\_\_\_

**Screen Time / Social Media**

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

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:**

Please provide a brief description of your child's birth. Include any complications:

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

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

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

Any special medications, allergies to medicine or physical impairment: \_\_\_\_\_

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

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**Parent/Guardian consent:**

If a 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: _____

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: \_\_\_\_\_

**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
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

<p><b>Treow Policies and Guidelines:</b></p> <p>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</p> <p><input type="checkbox"/> Yes      <input type="checkbox"/> No</p> <p>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.</p> <p><input type="checkbox"/> Yes      <input type="checkbox"/> No</p>
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<p><b>Tuition and Fees:</b></p> <p>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.</p> <p>Tuition fees are payable in advance. Annual, termly, and monthly payment plans are available.</p> <p>You may, from time to time, be expected to contribute towards activities such as excursions or camps.</p> <p>In the event of graduation, withdrawal, transfer, or expulsion, fees will be payable until the end of the term.</p>
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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: \_\_\_\_\_

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. 1 colour passport type photo of the student (attached to form)
3. Photocopies of the front page of the IDs /Passport of both parents/guardians.
4. A copy of the Pupil's unabridged birth certificate / ID / passport.
5. A copy of a utility bill not older than three months (for each parent if residing at separate addresses).
6. A copy of the latest school Statement of Account.

Please note that on acceptance, a placement fee of R2,000 will be required, (this covers the cost of a desk, chair and other items needed for the child).