



# Application/Enrolment Form

## PERSONAL INFORMATION OF THE LEARNER

First Name(s): \_\_\_\_\_ Surname: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

ID Number: \_\_\_\_\_

Home Tel Number: (      ) \_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_

Postal Address: \_\_\_\_\_  
\_\_\_\_\_

Home Language: \_\_\_\_\_

Number of siblings: \_\_\_\_\_ Ages:      /      /      /

Any medical conditions: \_\_\_\_\_

Hospitalisations: \_\_\_\_\_

Allergies: (e.g. Bees, \_\_\_\_\_  
*Panado, Elastoplast*) \_\_\_\_\_

Chronic Illnesses: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Medications: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Medications / \_\_\_\_\_  
Approaches: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



## PERSONAL INFORMATION OF THE MOTHER / GUARDIAN

First Name (s): \_\_\_\_\_ Surname: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ ID Number: \_\_\_\_\_  
Home Tel Number: ( ) \_\_\_\_\_ Cell Number: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Home Language: \_\_\_\_\_  
Marital Status: Single  Married  Divorced  Widowed  Re-married   
Occupation: \_\_\_\_\_  
Company: \_\_\_\_\_  
Work Tel Number: \_\_\_\_\_  
E-mail address: \_\_\_\_\_  
Step father name: \_\_\_\_\_  
Contact number: \_\_\_\_\_

## PERSONAL INFORMATION OF THE FATHER / GUARDIAN

First Name (s): \_\_\_\_\_ Surname: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ ID Number: \_\_\_\_\_  
Home Tel Number: ( ) \_\_\_\_\_ Cell Number: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Home Language: \_\_\_\_\_  
Marital Status: Single  Married  Divorced  Widowed  Re-married   
Occupation: \_\_\_\_\_  
Company: \_\_\_\_\_  
Work Tel Number: \_\_\_\_\_  
E-mail address: \_\_\_\_\_  
Step mother name: \_\_\_\_\_  
Contact number: \_\_\_\_\_



## MEDICAL AID

*This page will be kept separately in case of emergencies. If any details change it is your responsibility to inform Omatas timeously.*

Medical Aid: \_\_\_\_\_ Medical Aid Number: \_\_\_\_\_

Plan: \_\_\_\_\_ Main Member: \_\_\_\_\_

1<sup>st</sup> Emergency Contact Name: \_\_\_\_\_

Tel No: \_\_\_\_\_ Relationship \_\_\_\_\_

2<sup>st</sup> Emergency Contact Name: \_\_\_\_\_

Tel No: \_\_\_\_\_ Relationship \_\_\_\_\_

Additional information: \_\_\_\_\_

## PUPIL INDEMNITY

We,

\_\_\_\_\_

*(Must be signed by both parents and/or legal guardians)*

of *(address)* \_\_\_\_\_,

being the parent/legal guardian of \_\_\_\_\_

hereby give consent for my son/daughter to take part in daily exercises run at school, any extra-mural activities of Omatas, including excursions of interest, as well as the use of educational and play equipment, both in class and outdoors, at Omatas's place of business.

We fully understand and accept that all excursions and school activities shall be undertaken at my son/ daughter's own risk and we undertake on behalf of myself, my executors and my child aforesaid to indemnify, hold blameless and absolve Omatas, the Principal and/or staff, paid/unpaid, temporary assistants, therapists and extra mural teachers, against and from any or all claims whatsoever that may arise in connection with any loss of or damage to the property of, or injury, accident or any other cause to the person of my child aforesaid in the course of any such excursions or school activity, in the knowledge that the Principal and staff will nevertheless take all reasonable precautions for the safety of our child.

We hereby authorise Omatas to take all steps that it, in its absolute discretion, may deem necessary, to have the aforesaid child admitted to hospital and/or treated by a doctor or other medical attendant.

This done and signed at \_\_\_\_\_ on \_\_\_\_\_

Mother / Guardian \_\_\_\_\_ Father / Guardian \_\_\_\_\_



## REMEDICATION

I / We, \_\_\_\_\_ parent/s of  
\_\_\_\_\_, hereby acknowledge the different nature  
of a remedial environment to that of an typical Mainstream school.

I / we agree to support Omatas, teachers, therapists and consultants in their efforts to  
remediate and/or provide the type of educational environment offered by Omatas.

I/we therefore accept that I will need to remain in contact with the teachers, by attending  
any interviews or meetings that are deemed necessary. I/we also agree to give my  
complete co-operation in terms of recommendations, the remedial programme and  
homework supervision. I/we acknowledge that if I/we do not meet this commitment, the  
school will be under no obligation to continue its attempts to remediate my child.

I/we further agree that teachers, therapists and consultants employed or contracted by  
Omatas are given permission to consult as a team about my child/ren.

Mother / Guardian \_\_\_\_\_ Father / Guardian \_\_\_\_\_

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

Witness: \_\_\_\_\_



## FINANCE

Person responsible for school fees: \_\_\_\_\_

Payment method:      EFT       Debit Order       Cash   
 Bank \_\_\_\_\_ Account Number \_\_\_\_\_  
 Branch \_\_\_\_\_ Account Name \_\_\_\_\_  
 Branch Number \_\_\_\_\_

Fees are due in advance by the last working day of every month or as stipulated in this document. Failure to pay fees on time will attract interest. If any fees are outstanding all attempts to remediate your child will be stopped. Where fees are outstanding and no mutually agreed arrangements have been made, your account will be handed over to a debt collector and your child's place in Omatas will be withdrawn.

Fees 2017:

1. Once off non-refundable deposit – R8 500
2. Annual Fee for membership with the Pestalozzi Trust – R480
3. Annual School Fees – R75 000
4. Annual Book Fee – R700

Option 1: R6 250 x 12 months due by the last working day of the month	
Option 2: R7 500 x 10 months due by the last working day of every month	
Option 3: R71 250 once off payment before 31 January (5% discount)	
Option 4: R18 187.50 x 4 terms payable by first week of each term. (3% discount) – total R72 750	

Bank details:

**BANK:** FNB  
**BRANCH CODE:** 250655  
**ACCOUNT NO:** 6238 2967 902  
**REFERENCE:** Your child's surname



School times:

- Class 5: 7:30 – 13:30
- Class 1 - 4: 7:30 – 14:00
- Drop off at 7:15
- Last pick up 14:30
- Extra- murals – managed by the provider
- Current address: Berario Recreation Centre, Johannesburg
- Omatas follows four terms and sets those terms at the end of each year for the following year.
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Excluded from school fees:

1. Stationery
2. Outings (travel costs, entrance fees and miscellaneous)
3. No reduction in fees will be granted for learners who are absent from school for any reason.
4. Children to bring their own lunches and snacks
5. Individual therapies are not offered by Omatas.

Included in school fees:

- Group therapies are included at the discretion of Omatas.
- Extra activities are included at the discretion of Omatas.



## AGREEMENT REGARDING SCHOOL FEES

I/We the undersigned

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(Full name of Father/Guardian)

And

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(Full name of Mother/Guardian)

of

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(Full Residential Address)

do hereby agree to pay Omatas the listed fees, in respect of each and every month that the following pupil/pupils is/are enrolled at Omatas.

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(Full names of pupil/pupils)

Omatas requires a full month's notice if a pupil is to withdraw from Omatas. The full school fees will be charged in respect of the month for which the notice has not been given. Notice may not be given within the last 3 weeks of any term as determined by Omatas. Notice may not be given during a school holiday.

I/We confirm that payment of school fees will be made as indicated on this application form and in accordance with the annual fee structure as set out and amended by Omatas from time to time.

School fees are due in advance. I/We fully understand that in the event of any school fees not being paid timeously Omatas shall be entitled to withdraw remedial assistance and/or terminate my child/children's enrolment and the further attendance of my child/children at the school with immediate effect. In such event I undertake to remove my child/children from the school forthwith upon notification of such termination by the school.

This done and signed at \_\_\_\_\_ on \_\_\_\_\_

Mother / Guardian \_\_\_\_\_ Father / Guardian \_\_\_\_\_

On behalf of Omatas \_\_\_\_\_



## REMEDICATION

I / We, \_\_\_\_\_ parent/s of  
\_\_\_\_\_, hereby acknowledge the different nature  
of a remedial environment to that of an typical mainstream school.

I / we agree to support Omatas, teachers, therapists and consultants in their efforts to remediate and/or provide the type of educational environment offered by Omatas.

I/we therefore accept that I will need to remain in contact with the teachers, by attending any interviews or meetings that are deemed necessary. I/we also agree to consider all recommendations and acknowledge that these recommendations are given to further the development and remediation of my child. I/we acknowledge that if I/we are unable to meet the recommendations, the school may not be able to continue its attempts to remediate my child.

I/We understand that Omatas has a Code of Conduct and that as far as possible restorative justice is used to manage disciplinary issues. I/We further understand that homework is a requirement as it reinforces learning and independent habits and that I/we are responsible for supporting homework completion. I/We also understand that full attendance is paramount to successful remediation and that a valid medical reason will need to be provided if a child is absent.

I/we further agree that teachers, therapists and consultants employed or contracted by Omatas are given permission to consult as a team about my child/ren. No individual therapies are offered by the school.

Mother / Guardian \_\_\_\_\_ Father / Guardian \_\_\_\_\_

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





## ACADEMIC DETAILS

This section is important for us to understand your goals for your child. It is also important that we are able to conduct assessments that enable us to determine whether we can assist your child or not.

You may not be able to answer all of the questions that follow, answer what you see as relevant. It is helpful for us if you attach any previous assessments you have had done as this gives us a history of your child.

Present School: \_\_\_\_\_ Present Grade: \_\_\_\_\_  
 Grade/s repeated: \_\_\_\_\_ Starting Grade at OMATAS: \_\_\_\_\_  
 Starting Age at OMATAS: \_\_\_\_\_

### Reason for applying to Omatas

*Please tick*

Scholastic difficulties	Behavioural	Emotional	Physical
Reading	Temper outbursts	Weepy	Low muscle tone
Spelling	Frustration	Fearful	Poor fitness
Mathematics	Aggression	Anxious	Motor planning
Comprehension	Poor concentration	Dependent	Avoids activity
Language	Hyperactive	Wide mood swings	Avoids heights e.g. slides
Memory	Hypoactive	Poor self-esteem	Poor balance
Organisation	Attention Deficit	Withdrawn	Bumps into things
Planning	ADHD		Poor ball skills
Visual perception	Self Control		Struggles with puzzles
Auditory processing	Social Skills		Slow/irregular handwriting
Motor Skills			Fussy eater
Problem Solving			Trouble sleeping
			Moves a lot
			Moves fast



What do you enjoy most about your child?

What are your concerns?

What concerns have previous teachers had?

What are your goals for your child?

What do you expect from our school?



<b>Specialist involved</b>	<b>Name</b>	<b>Contact numbers</b>	<b>Assessment Report (y/n)</b>	<b>Date of assessment</b>
Psychologist				
Psychiatrist				
Paediatrician				
Occupational therapist				
Speech & lang. therapist				
Physiotherapist				
Biokineticist				
Remedial therapist				
Neurologist				
Eye specialist				
Ear specialist				
Other:				
Other:				
Other:				
Other:				
Other :				
Other:				



## Comments or Additional Information

Please add comments or further information that you feel might be important or valuable.



**ATTACHMENTS**

Attached to application:

- Certified copy of learner's ID book
- Certified copy of mother's ID
- Certified copy of father's ID
- Transfer card from previous school
- Copy of last school report
- Copy of any assessments completed


I, the undersigned, agree, understand and declare that all the information provided in this document is true, complete and correct. That I have supplied Omatas with all the relevant information about the child's educational history that would enable Omatas to make a decision about admittance.

Parent's Name:

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Parent's Signature:

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Date:

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(Parents, please keep a copy of this document and send in all 13 pages of this application form.)