

Fulton School for the Deaf

APPLICATION FOR ADMISSION OF A LEARNER - 2024

APPLICATION APPROVAL SIGN OFF

Front office documentation complete – Sign Off		HOD of phase - Sign Off	
Finance / Fees - Sign Off		Hostel – Sign Off	
Health Professional – Sign Off		Final Approval Principal – Sign Off	

For office use: DATE: Application received _____ Family contacted _____

ADMISSION DATE	GRADE	ADMISSION No.
PARENTS IDS	COPY OF B.C.	CONSENT & INDEMNITY
AUDIOLOGY SERVICES	ANNEXURE A (Fee Exemption)	REGISTRATION FORM
POPI CONSENT	ANNEXURE A1	

PLEASE NOTE: A PUPIL WILL NOT BE ADMITTED INTO THE SCHOOL WITHOUT ALL THE RELEVANT DOCUMENTS BEING SIGNED AND RETURNED TO THE SCHOOL WITH THIS APPLICATION FORM

** This form must be completed in full by BOTH the learner's parents / legal guardians.*

LEARNER INFORMATION

NB. THE NAMES REFLECTED ON THE BIRTH CERTIFICATE ARE THE *ONLY* NAMES WE ARE ALLOWED TO USE FOR THE LEARNER.

1. Surname: _____

First Names: _____

ID Number: _____

Date of Birth: _____ Home language: _____ Gender: _____

Population group:

African/Black		Asian/Indian		White		Coloured	
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Other: _____

Grade applied for: _____ Highest grade passed: _____ Year in which grade passed: _____

Last school attended: _____

Do you want your child to be a weekly boarder? (space permitting) _____

2. Person to receive the report (if not the parents above):

Title _____ Initials _____ Surname _____

Relationship to the learner: _____ Whom does the learner live with: _____

3. Where did you hear about Fulton School? _____

4. Learner's residential address: _____

Province: _____ Postal Code: _____

5. Postal address: _____
Postal Code : _____

6. Is the learner an immigrant? _____ Date arrived in country: _____ (Attach proof)
Country of origin: _____

7. Religious Affiliation: _____

8. Email address/addresses for official correspondence:

9. Home Language(s): _____

10. Transport to and from school:

School bus		Public transport		Private Transport	
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Other: _____

11. Is the child a grant recipient? Yes / No

MEDIA RELEASE CONSENT. Fulton uses social media to inform the broader community, donors and families about things that are happening at the school. Do you grant permission for photos or videos of your child to be used on social media posts, for letters sent to donors and for publication in newspapers (both physical and online)?

Yes I give my permission for photographs and\ or videos containing my child to be published

No I do NOT give my permission for photographs and\ or videos containing my child to be published

I _____ parent of

_____ confirm that I have read The Media release Consent above and understand the choice that I have made concerning the use of videos and photographs in which my child is included.

Signature

Date

THESE SECTIONS MUST BE COMPLETED IN FULL OR A COPY OF THE DEATH CERTIFICATE, COURT ORDER OR SWORN AFFIDAVIT IS TO BE SUPPLIED.

BIOLOGICAL FATHER'S / GUARDIAN'S DETAILS

Title: _____ First Names: _____

Surname: _____

ID number: _____

Marital Status: _____

Father's residential address: _____

_____ Postal Code _____

Father's postal address: _____

_____ Postal Code _____

Email address: _____

Occupation: _____

Employer's name: _____

If self-employed please supply name of company _____

Tel: (W) _____ (CELL) _____

BIOLOGICAL MOTHER'S / GUARDIAN'S DETAILS

Title: _____ First Names: _____

Surname: _____

ID number: _____

Marital Status: _____

Mother's residential address: _____

_____ Postal Code _____

Mother's postal address: _____

_____ Postal Code _____

Email address: _____

Occupation: _____

Employer's name: _____

If self-employed please supply name of company _____

Tel: (W) _____ (CELL) _____

MEDICAL DETAILS

Medical Aid – Yes / No

Name of medical aid: _____

Medical aid number: _____ Principal Member: _____

Doctor's name: _____ Drs.Tel: _____

Person to contact for problems/emergency:

Name : _____

Contact Numbers: _____

Has the learner been immunised against the following:

Tuberculosis: _____ Poliomyelitis: _____ Diphtheria /tetanus: _____

Measles: _____ Whooping cough: _____ Hepatitis B: _____

HIB: _____

Any food or other allergies teachers and staff generally need to be aware of? _____

Does your child currently use amplification devices (hearing aids of any sort or cochlear implants)? **Yes / No**

CONSENT FOR MEDICAL EXAMINATION AND TREATMENT

By signing below, I grant consent for my child to be examined by the School Professional Nurse and other medical professionals (ENT, GP, nurses) who service our school from time to time. In addition, I grant consent for my child to receive any necessary treatment from the School Professional Nurse as required.

Full name: _____

ID Number: _____

Hereby confirm that I grant consent for examination and treatment of my child, by the above-named individuals or a person to whom authority has been delegated by one of the above-named individuals.

Signature

Date

ENROLMENT AGREEMENT

1. I/we the undersigned declare that the above particulars are to the best of my/our knowledge correct.
2. False / Incomplete information / Fraudulent documents / fraudulent signatures / Non – divulgence of details which have a material impact on the success of your application can result in the cancellation of your application, even if your child has been accepted / attending school already.
3. I/we undertake to:
 - a) ensure that my/our child/ward attends school regularly;
 - b) ensure that my/our child/ward complies with the rules and regulations of the school as per the Code of Conduct for learners, of which I am/we are aware;
 - c) pay all costs incurred for damage done or losses caused by my/our child/ward to school property, books and equipment.
4. I/we, further undertake to:
 - a) to furnish proof of the correctness of my/our child's age;
 - b) to inform the school in writing of any change of address or telephone number;
 - c) to inform the school in writing of any case of infectious illness in my/our household;
5. I/we agree that the School Professional Nurse, Principal, educator or house parent in control at the school may act in my/our place and consent to necessary treatment in the event of any injury or accident in which my/our child/ward may be involved. I/we agree that I/we shall be responsible for any medical expenses incurred as a result in full knowledge that this will not jeopardise any claim which I/we or my/our child/ward may have arising out of such incident. I further understand that should my child fall ill at school, I/we are required to fetch him/her promptly to seek medical attention.
6. I/we agree that I/we am/are in receipt of a copy of the schools Code of Conduct and I/we agree that my/our child/ward will be required to act in accordance with the Code of Conduct. I/we agree that I/we are aware thereof that conduct on the part of my/our child/ward set out below may, after due process result in disciplinary action which may lead to his/her expulsion from school.
7. I/we understand that Fulton School for the Deaf is a fee-paying school and that by applying to the school I am obliged to pay school and hostel fees charged. I/We have been informed that should we be unable to pay school fees, I/We have a right to apply for school fee reduction / exemption. I/We understand that such application should be made annually to the School Governing Body for consideration and applies **only to school fees**. I understand that arrear accounts may be handed over for credit bureau listing and to lawyers for recovery. I understand further that any costs incurred are for the account of the debtor.
8. The school may, in terms of the National Credit Act No. 34 of 2005, hold and process by computer or otherwise any information obtained about the parent/s as a result of their liability for school fees. The school may conduct a credit enquiry and/or a credit information search about the parent/s with a credit information bureau, persons acting as their agent and/or other credit grantors. The School may transmit details of how the parent/s have performed in meeting their obligations in terms of their school fee obligations and share such information with other credit grantors for the purposes of making any credit risk management related decisions.

IMPORTANT NOTES

South African Sign Language (SASL) is offered as the Home Language at Fulton School for the Deaf and English is offered as the First Additional Language. SASL is the medium of instruction.

Should you wish to withdraw your child from Fulton School, you are required to give one term's notice in writing of your intention to do so. Fees will be payable for the final term of attendance as per the payment agreement signed annually.

The following documents **MUST** be attached to this application.

(Copies can be made at school on the day of interview – please bring originals to the interview)

1. COPY OF CHILD'S UNABRIDGED BIRTH CERTIFICATE
2. MOST RECENT SCHOOL REPORT & THE PREVIOUS YEAR END REPORT
3. PROOF OF RESIDENCE
4. COPY OF BOTH PARENTS' I.D. DOCUMENTS CERTIFIED
5. SIGNED ORIGINAL CONSENT AND INDEMNITY DOCUMENT (ADM8)
6. AUDIOLOGY POLICY CONFIRMATION SLIP (ADM9)
7. REGISTRATION FORM (ADM4) WITH SCHOOL AND HOSTEL FEE COMMITMENT (ADM5)

I _____ ID _____

Parent / guardian of _____

ID _____ hereby declare that I have read and understood the contents of this application. All information presented here is correct.

Signed at _____ on the _____ day of _____ 20____.

Signature – Mother / Guardian

Signature – Father / Guardian