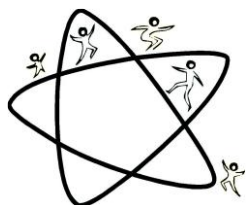


KHANYISA WALDORF SCHOOL

for Supportive Education

APPLICATION FORM 2026

For Office Use:	Year of Admission	Class/Year on admission			Application Fee Receipt	Assessment Receipt	Accounts Learner Code:				
PLEASE PRINT.					PLEASE TICK OR CROSS THE APPROPRIATE BOXES.						
Surname:					First Name:						
Date of Birth:		Day	Month	Year	Age:	Male		Female			
Mother: full name please					Cell Phone Number:						
Occupation:					Work Telephone Number:						
Marital Status:	Single	Married	Separated	Divorced	Widow/ed	Alternative number:					
Father: full name please					Cell Phone Number:						
Occupation:					Work Telephone Number:						
Guardian's Email Address :											
Number of Siblings:		Brothers			Sisters		Stepsiblings				
Home Address:											
Postal code:		Religion: Mark with an X		Christian	Muslim	Jewish	Other: state				
Language/s: Mark with an X		<u>Home</u>	English	Afrikaans	isiXhosa	Other: state	<u>School</u>	English	Afrikaans	isiXhosa	Other: state
Present School:					Teacher:						
Reason for applying at Khanyisa:											
DOCUMENTS TO ACCOMPANY THIS FORM: a copy of -											
1	Your child's birth certificate										
2	Mother's identity document										
3	Father's identity document										
4	An educational psychological report no older than 2 years										
5	Recent school report										
6	Any other therapy reports such as speech therapy, occupational therapy, physiotherapy etc										
PLEASE NOTE THE BELOW COSTS APPLICABLE TO 2026:											
The non-refundable Application / Admin Fee is currently R600 . This places your child on the waiting list and covers the initial assessment and interview.											
Should my child attend the 3-Day Trial Period, I will be liable for the Assessment/Trial Fee of R1500 .											
The current fees at Khanyisa Waldorf School are R4800 per month for 12 months, payable at the beginning of each month . There is a once-off non-refundable Admission Fee of R2500 which will be added to the first month's invoice, together with a once-off cost of R900 for schoolbooks and sundries .											
I have read the above and understand the financial commitments: Tick with an X					Yes		No				
Signed:					Date:						



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PLEASE PRINT.			PLEASE TICK OR CROSS THE APPROPRIATE BOXES.
Has your child repeated any classes?	No	Yes	Why?

Has your child had an EDUCATIONAL PSYCHOLOGICAL ASSESSMENT ?			
*PLEASE SEND A COPY WITH THIS FORM			
*PLEASE SEND A COPY OF YOUR CHILD'S CURRENT SCHOOL REPORT			
*PLEASE SEND COPIES OF ANY THERAPY REPORTS THAT YOUR CHILD HAS UNDERTAKEN			
Has your child had any remedial lessons?	No	Yes	With whom? For how long?
Area/s of difficulty for your child are:			

How does your child behave in the classroom?						
How does your child play in the playground at school?						
What are your child's hobbies?						
Does your child have friends?	(Social skills)	some?	few?	many?	older?	younger?
How is your child's memory?			How is your child's concentration span?			
What are your expectations for your child?						

Is your child's health	good?	poor?	Specify:					
Does your child have problems with:			eyes?	ears?	skin?	speech?		
Explain:								
Does your child suffer from allergies?	Asthma	Eczema	Nuts	Fish	Bee Stings	Dust	Hay fever	Pollens
Does your child need medication or treatment for this allergy?								
Does your child take medication daily for any other conditions they may suffer from?							No	Yes
What medication?			Dosage?			How often		

Describe your child's behaviour at home.
How do you discipline your child at home?
How does your child respond to discipline?
What does your child do in free time at home?
Does your child carry out any chores at home?

For Office Use:	
Interviewer/s:	Date:
3-day trial period scheduled for:	
Probation 2 months scheduled for:	