ETHEMBENI SCHOOL
FOR THE PHYSICALLY DISABLED AND VISUALLY IMPAIRED
Private Bag X 7021
Hillcrest 3650
E-Mail: ethembeni@mweb.co.za
Website: www.ethembenischool.co.za
☎ (074) 1278069
☎ (074) 1746987
Fax: 0862462308/0865728914

APPLICATION FOR ADMISSION TO ETHEMBENI SCHOOL

- This form must be completed in full
- Completing this form does not mean that the child has been accepted to the school
- If the child is currently attending another school, do not remove him/her from school
- Section A – 1, 2 and 3 is to be completed by a parent/ guardian (learner details, family information and self help skills)
- Please write neatly. No tippex may be used

- **COMPULSORY FOR ALL LEARNERS:**
- Section B is to be filled in strictly by a medical practitioner
- The Ophthalmology form is to be filled in strictly by an Ophthalmologist/Optometrist

Please attach a clear photocopy of the following:

1. Child's birth certificate
2. Parent/guardian ID document
3. Latest school reports
4. Referral letter from current school
5. Any medical reports (including psychological/therapy reports)
6. Immunization records

ISICELO SOKUFUNDA UKWAMUKELWA ETHEMBENI SCHOOL

- Leliform kumele ligcwaliswe lonke
- Ukugcwalisa leliform akusho ukuthi umntwana usethathiwe
- Uma umntwana kukhona lapho efunda khona, sicela ungamkhiphi kuleso sikole aze abizwe eThembeni School
- Section A – 1, 2 & 3 igcwaliswa umzali/noma obheke umntwana imniningwane yomtwana, neyomndeni nokuthi yikiphi akwazi ukuzenzela kona.
- Section B – kumele agcwaliswe u-Dokotela lokho kubalulekile kakhulu
- Kunelinye ifomu eligwaliswa u-Dokotela wamehlo eligcwalisela umntwana
- Uyacelwa ubhale ngokucacile. Ungaxikizi ungathiphexi.

- Uyacewla ukuba uphathe lezizinto ezilandelayo:

1. Isitifiketi sokuzalwa komntwana
2. Ikhophi yepasi lomzali noma obheke umntwana
3. Iriphothi lomntwana lesikole
4. Incwadi ethumela umntwana kuthina etholakala esikoleni akuso umntwana
5. Uma ikhona ikhophi noma iyiphi yencwadi ephuma udokotela yomntwana ngabe eyokugula noma uhlinziwe, iphathe.
6. Ikhadi lokugoma umntwana

ETHEMBENI SCHOOL
FOR THE PHYSICALLY DISABLED AND VISUALLY IMPAIRED
Private Bag X 7021
Hillcrest 3650
E-Mail: ethembeni@mweb.co.za
Website: www.ethembenischool.co.za
☎ (074) 1278069
☎ (074) 1746987
Fax: 0862462308/ 0865728914

APPLICATION FOR ADMISSION TO ETHEMBENI SCHOOL

(Please read the cover page before completing this form)

SECTION A - 1. LEARNER DETAILS						
Surname						
Full names						
Name learner is called						
ID number			Age			
Gender	Male	Female	Home language			
Home address						
			Code			
Postal address						
			Code			
Number of children in household/family						
Place of learner in family	Only child	First born	2nd	3rd	4th	5th +
Nearest education office			Nearest hospital			
Nearest clinic			Family doctor + Phone no.			
Nearest social services office						
Referred by						
Allergies						
Medical aid -if applicable						
Religion	Traditional/ African	Christianity	Hinduism	Islam	Judaism	

SCHOOLING HISTORY			
School name	Grade/s	Year	Pass/condoned/repeat

Applicants Name: _____

SECTION A – 2. FAMILY INFORMATION				
FATHER/ MALE GUARDIAN DETAILS				
Surname			First names	
Contact numbers	C:		H:	W:
Occupation			Home language	
Physical address				
Email address				
MOTHER/ FEMALE GUARDIAN DETAILS				
Surname			First names	
Contact numbers	C:		H:	W:
Occupation			Home language	
Physical address				
Email address				
PERSON WITH WHOM LEARNER LIVES (IF DIFFERENT FROM ABOVE)				
Surname			First names	
Contact numbers	C:		H:	W:
Grant received	Yes	No	Type of grant	

SECTION A – 3. SELF HELP SKILLS		
TOILETING		
Does the child tell you when he/she needs the toilet	YES	NO
Does the child need help getting on/off the toilet	YES	NO
Does the child need help wiping and cleaning	YES	NO
Does the child need help changing nappies	YES	NO
Does the child need help disposing of used nappies	YES	NO
INDEPENDENCE		
Does the child need help getting on/off the bed	YES	NO
Does the child need help getting on/off wheelchair	YES	NO
Does the child need help getting on/off normal chair	YES	NO
Does the child need help bathing	YES	NO
Does the child need help getting dressed	YES	NO
Does the child need help eating and drinking	YES	NO
If partially sighted/blind, can the child find their way	YES	NO

_____

Name and signature of parent/guardian

Applicants Name: _____

ETHEMBENI SCHOOL
FOR THE PHYSICALLY DISABLED AND VISUALLY IMPAIRED
Private Bag X 7021
Hillcrest 3650
E-Mail: ethembeni@mweb.co.za
Website: www.ethembenischool.co.za
☎ (074) 1278069
☎ (074) 1746987
Fax: 0862462308/0865728914

MEDICAL REPORT *(to be completed by a medical practitioner)*

BIRTH HISTORY

Parents age at child's birth	Mother:		Father:	
Comments on delivery (NVD/Caesar/complications)				
Comments on pre/post natal history				
Developmental milestones – ages at which each occurred	Sit	Crawl	Walk	Talk

PHYSICAL EXAMINATION

Child's weight	
Are the sounds, pulse and rhythm of the heart normal	
Is the child free from any contagious disease	
Are the teeth in good condition	
Are tonsils/adenoids affected in any way	
Are there any signs of pressure sores	
Are the lungs normal	
Does the child suffer from epilepsy	
If yes, frequency and duration of seizures/triggers	
List conditions being treated currently	
Has the child ever been hospitalised/had any surgery? Please provide dates, details and reasons	

Applicants Name: _____

MEDICATIONS		
NAME	DOSAGE	REVIEW DATE

PHYSICAL DISABILITY (tick applicable, provide details below)			
Cerebral Palsy	Post Meningitis	Spina Bifida	
Marfins Syndrome*	TB Spine	Muscular dystrophy	
Club feet	Amputee	Hemiplegia	
Other:			
Cause of disability:	Birth	Illness	Trauma
Date and age of onset:			
**If Marfins, has the child been screened for cardiac problems/other related conditions:*			

RESTRICTIONS WITH REGARD TO PARTICIPATION IN SPORTS (tick if applicable)			
Contact sport e.g Judo	Athletics	Horse riding	Soccer
Swimming	Basketball	Other (specify):	
Further recommendations:			

MOBILITY			
Walks independently or walks with an aid			
Specify aid used if applicable			
Does the child have a wheelchair			

VISION				
Is there a visual defect ? If yes specify				
Age of onset		Prognosis:	Stable	Deteriorating
Previous eye surgery – date and nature				
Is further surgery recommended? Specify				

Applicants Name: _____

SPEECH & HEARING			
Is there a defect in hearing	YES	NO	
Has the child been for a hearing test (if yes, please attach results)	YES	NO	
Is there a defect in speech	YES	NO	
If yes, what is the severity	Mild	Moderate	Severe
Recommendations			
INTELLECT			
Do you consider the child intellectually normal	YES	NO	
If no, what is the severity of impairment	Mild	Moderate	Severe
PLACEMENT RECOMMENDATION			
Which of the following do you consider the applicant suitable for (please tick):			
School for the intellectually impaired		School for the visually impaired	
School for the physically disabled		School for the hearing impaired	
Mainstream School		Other	

DETAILS OF MEDICAL PRACTITIONER	
Name (block letters)	
Qualifications	
Contact details	Phone: Email: Fax:
Signature	
Date	
Private Practice no.	Hospital Stamp

Applicants Name: _____

ETHEMBENI SCHOOL
FOR THE PHYSICALLY DISABLED AND VISUALLY IMPAIRED
Private Bag X 7021
Hillcrest 3650
E-Mail: ethembeni@mweb.co.za
Website: www.ethembenischool.co.za
☎ (074) 1278069
☎ (074) 1746987
Fax: 0862462308/ 0865728914

OPHTHALMOLOGY /OPTOMETRY ASSESSMENT

NB: This form is to be completed by an Ophthalmologist/Optometrist for all applicants

Name of child		Date of birth	
Diagnosis			

Visual Acuity

	Distance		Near	
	Unaided	WRx	Unaided	WRx
R.E.				
L.E.				
Both eyes				

Spectacle Rx	Sphere	Cyl	Axis	Add	PD
R.E.					
L.E.					

Rx ordered: Yes/No _____ If yes, date for collection _____
Colour Vision Normal: Yes/No _____
Visual Fields Normal: Yes/No _____

FOR LOW VISION PATIENTS
Is the condition likely to cause *near vision* to deteriorate significantly? If *yes* please provide as much detail as possible.

_____

_____

Recommendations/Additional Comments _____

_____

Practitioner Name and Qualification (Please print) _____
Signature _____ **Date** _____

Hospital/Clinic/Practice Stamp