WOODRIDGE
COLLEGE AND PREPARATORY SCHOOL
more than a school...an experience

DECLARATION BY PUPIL'S CURRENT SCHOOL PRE-PRIMARY

Dear Sir / Madam

The pupil named hereunder has applied for admission to Woodridge College & Preparatory. **The parent by requesting completion of this form is giving you consent to do so**. Please complete the form honestly at your earliest convenience, as it forms part of our application process. Please send this directly to the school for the attention of Melanie Darlow melanie.darlow@woodridge.co.za

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Child's Name: _____

Current School: _____

Dates of Attendance (Duration): _____

1. **Please comment on the child's overall adjustment to school, relationships with peers and adults, and any strengths or qualities that would assist with a successful transition.**

_____

_____

_____

2. Are there any concerns regarding the child's:

- Learning and development
- Speech and language
- Social or emotional development
- Behaviour
- Attention and concentration
- Fine or gross motor skills

☐ No concerns

☐ Yes (please provide details)

_____

_____

_____

_____

3. Has the child been identified with any additional educational, developmental, behavioural or medical needs?

☐ No

☐ Yes (please provide details)

_____

_____

_____

_____

4. Is the child currently receiving, or has the child previously received, support or intervention from any specialists (e.g. Occupational Therapist, Speech Therapist, Educational Psychologist, Play Therapist, Counsellor)?

☐ No

☐ Yes (please provide details and indicate whether support is ongoing)

_____

_____

_____

_____

5. Are there any accommodations, support measures or recommendations that should be considered to assist the child in the school environment?

☐ No

☐ Yes (please provide details)

_____

_____

_____

6. Are there any concerns regarding attendance, behaviour, or parent-school partnership that the new school should be aware of?

☐ No concerns

☐ Yes (please provide details)

_____

_____

_____

7. Would you recommend this child for admission to another mainstream school setting?

☐ Yes

☐ Yes, with additional support

☐ No

Comments:

_____

_____

_____

_____

8. Finance

Name of person responsible for payment of fees: _____

Annual School Fees (current year): for his / her Grade? _____

Monthly / Termly / Annual payments (amount) :

Fees paid to date: _____ Balance owing: _____

Method of payment: Debit Order/ Cash/ EFT: _____

Have debit orders returned? Please circle: YES / NO

Have you experienced difficulties with school fee collection? Please circle: YES / NO

I confirm that the information provided above is accurate and complete to the best of my knowledge.

Name: _____

Position: _____

School: _____

Signature: _____

Date: _____ School Stamp: