

106 13th Street, Victory Park, Johannesburg 2195 • PO Box 87432 Houghton 2041
(t) +27 11 782 5378 • (f) +27 11 888 7415 • (e) info@crossroadsschool.co.za • www.crossroadsschool.co.za Administered by Crossroads Trust NPO Reg No 000-733 • PBO No. 130000 409

APPLICATION PROCESS:

Thank you for considering Crossroads School as the remedial school of choice.

The following documentation needs to be submitted for possible application and are prerequisites for enrolment at Crossroads School:

- Admission/Enrolment Form (Attached)
- 2. Psycho-Educational Assessment not older than two years:
 - We prefer a WPPSI III or IV or a WISC-V assessment (age dependent)
- 3. Speech Therapy Assessment not older than one year.
 - A progress report does not suffice. Actual scores are required
- 4. Occupational Therapy Assessment not older than one year.
 - A progress report does not suffice. Actual scores are required
- 5. Latest school report
- 6. Birth certificate
- 7. Admin Fee
- 8. Financial Clearance please return this form (page 3) to Crossroads with application

Any withholding of <u>relevant</u> information may jeopardise your child's possible placement. Please email assessments to <u>info@crossroadsschool.co.za</u>, for the attention of Admissions Officer, **together with the Admission/Enrolment Form** (see below).

Your child may be offered a place on Crossroads' waiting list until we can confirm placement or the application may be denied and alternative schools recommended. The submission of documentation and the completion of the process does not guarantee placement.

In the middle of each year we conduct standardised scholastic testing on our learners, after which we have a clearer idea of how many children will be returning to mainstream education, and therefore how many places we will have available for new enrolments. We are able to start offering places by late in the second term or early in the third term (September) each year, for admission in the following January.

Parent Visit and Interview:

Both parents will be invited to meet with the Principal, who will discuss the application and explain how Crossroads School operates. You will be invited to a tour of the school and offered placement if appropriate. Please visit our website on www.crossroadsschool.co.za for more information.

Thereafter you will meet with the Administrator, who will go through the enrolment forms with you. Once the forms have been completed and returned to Crossroads, together with the enrolment fee, your child's place will be secured.

Learner Visit:

Towards the end of the year, we hold a new learner orientation meeting, to which parents and their children are invited. After an introductory talk by the Principal in the hall, the learners disperse to their new classes for a chat by their teacher. Learners and parents are then taken on a tour of the school. The Second Hand Uniform Shop will be open for your convenience.

There is a non-refundable administration fee of R1000.00 (one thousand). This charge is payable with submission of the necessary documentation for your child's application to Crossroads School.

BANKING DETAILS:

Crossroads Trust Nedbank

Killarney Branch Code: 191 605

A/C No: 191 600 2587

Fee Structure: 2020

Annual Fees: R132 990.00
5% discount if paid by 27 Jan R126 350.50
Monthly Fees (11 months) R12 090.00
Termly Fees: R44 330.00

Plus:

Enrolment Fee: R 35 000.00

Insurance: R 165.00
Tours Levy: R 500.00
Book Pack: to be advised

BANKING DETAILS:

Crossroads Trust Nedbank Killarney Branch A/C No: 191 600 2587 Branch Code: 191 605



CROSSROADS TRUST

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Certificate to be completed, signed and stamped by the school that your child is leaving.

FINANCIAL CLEARANCE CERTIFICATE

Name of Pupil:			
Name of Person responsible for fee pay	ment:		
ID No of Person responsible for fee pay	ment:		
Name of School where pupil is currently	y enrolled:		
Are School Fees up to date		Yes No	
Annual fees for: (ye	ear)	R	
Fees paid to date:		R	
Fees outstanding:		R	
Comment:			
This is to certify that the above person			
Print Name of Bursar	Signature of Bur	sar	Date
SCHOOL STAMP			

This clearance certificate has been approved by ISASA for use amongst members of Schools





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ADMISSION / ENROLMENT FORM

	Please submit previous	s assessment reports.
Name of Parents:		
Name of Learner:		
Date of submission:		Admin Fee paid:
Grade applying for:	Year:	Learner's Date of Birth:
	hese questions carefully. They	w it developed and how you hope we can help. Please y help us to gain a picture of your child and his/her
What are the reasons fo	r these problems? Are there co	ntributing factors?
Please give details of the medical professional.	e person who recommended Cr	ossroads e.g. family member, friend, teacher, school,
·		
A. DETAILS OF CHILD (ki	ndly submit a photo of child).	

PERSONAL INFORMATION

Surname

Full first name						
Known as						
Date of Birth dd/mm/yyyy C	copy of birth c		bmitted			
If not born in SA, please supply chi	d's Passport I	Number:				
Age	· · · · · · · · · · · · · · · · · · ·		Ge	nder: Boy		Girl
Home language			Rel	igion:		
Child's home address			1	-		
				Po	stal Co	de:
Child lives with						
MEDICAL DETAILS						
Medication						
Emergency contact number						
General Practitioner's Name						
Medical Aid						
Medical Aid number						
Allergies						
Current medication eg Ritalin 10 m	g LA					
Carrent medication of theam 10 m	6 E					
B. SCHOOL HISTORY						
CURRENT SCHOOL						
Name of school						
Present grade			Grades re	peated:		
School's telephone number			Grades re	peacea.		
Principal's name						
Class teacher's name						
Medium of instruction						
Do you give us permission to						
contact current school?	Yes	No				
contact current school:				or the admissi	ion nro	cess and guides
				table schools		cess and guides
Please submit your child's latest sc		rance or sug	gesting sui	table scribbis	•	
SCHOOLS ATTENDED	Тоогтерога.			ENTRY D	ΛTF	EXIT DATE
Name of Creché/Nursery School				LIVINI D	AIL	LAIT DATE
Name of Primary School 1						
Name of Primary School 2						
•	os first notad	2				
At which grade / age were challeng Has your child ever repeated a grad		_	1			
Has your child ever repeated a grad	le? Yes	No				
If yes, which grade?						
C. PARENT INFORMATION						
Father/Partner 1 Surname						
First name						
Title						
Telephone home						
Telephone work						
Cell phone						
Email address work						
Email address home						
ID number						
Present occupation						
Nationality						
Residential address						
Postal address						

Name of busine	ess		
Have any jobs n	ecessitated long		
absences from	home?		
Father's educat	ion	High School:	Tertiary:
		·	
Mother/Partne	r 2 Surname		
First name			
Title			
Telephone hom	ie		
Telephone wor	k		
Cell phone			
Email address v	vork		
Email address h	ome		
ID number			
Present occupa	tion		
Nationality			
Residential add	ress		
Postal address			
Name of busine	ess		
Have any jobs n	ecessitated long		
absences from			
Mother's educa	ition	High School:	Tertiary:
		<u> </u>	,
Did either pare	nt experience any	ind of	Yes No yes, then who?
learning challe			
	ed family member	experience	Yes No yes, then who?
-	enge at school?	·	
MARITAL STAT	US		
MARITAL STAT	US Partners	Married	Separated Divorced Widow Widower
		Married	Separated Divorced Widow Widower
Single If sep <u>ara</u> ted or	Partners divorced, to whom	must documenta	ation be sent?
Single If separated or Both	Partners divorced, to whom Father only	must documenta Moti	ation be sent?
Single If separated or Both	Partners divorced, to whom	must documenta Moti	ation be <u>sent</u> ?
Single If separated or Both If divorced, who	Partners divorced, to whom Father only [o has legal custody	must documenta Moti	ation be sent? her only Mother
If separated or Both If divorced, who	Partners divorced, to whom Father only o has legal custody es the other parent	must documenta Motl Prather have access and	ation be sent? her only Mother visiting rights: Yes No
Single If separated or Both If divorced, who	Partners divorced, to whom Father only o has legal custody es the other parent	must documenta Moti	ation be sent? her only Mother
If separated or Both If divorced, who	Partners divorced, to whom Father only o has legal custody es the other parent	must documenta Motl Prather have access and	ation be sent? her only Mother visiting rights: Yes No
Single If separated or Both If divorced, who If divorced, doe Is the child: Bi	Partners divorced, to whom Father only o has legal custody es the other parent ological	must documenta Motl Prather have access and	ation be sent? her only Mother visiting rights: Yes No
Single If separated or Both If divorced, who If divorced, doe Is the child: Bi	Partners divorced, to whom Father only o has legal custody es the other parent	must documenta Motl Prather have access and	ation be sent? her only Mother visiting rights: Yes No
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Single If separated or Both If divorced, who If divorced, doe Is the child: Bi SIBLINGS (in chind Name Age School	Partners divorced, to whom Father only o has legal custody es the other parent ological	must documenta Motl Prather have access and	ation be sent? her only Mother visiting rights: Yes No
Single If separated or Both If divorced, who If divorced, doe Is the child: Bi SIBLINGS (in chind) Name Age School Grade/Class	Partners divorced, to whom Father only o has legal custody es the other parent ological	must documenta Motl Prather have access and	ation be sent? her only Mother visiting rights: Yes No
Single If separated or Both If divorced, who If divorced, doe Is the child: Bi SIBLINGS (in chind) Name Age School Grade/Class Progress	Partners divorced, to whom Father only o has legal custody es the other parent ological	must documenta Motl Prather have access and	ation be sent? her only Mother visiting rights: Yes No
Single If separated or Both If divorced, who If divorced, doe Is the child: Bi SIBLINGS (in chind) Name Age School Grade/Class Progress Name	Partners divorced, to whom Father only o has legal custody es the other parent ological	must documenta Motl Prather have access and	ation be sent? her only Mother visiting rights: Yes No
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Single If separated or Both If divorced, who If divorced, doe Is the child: Bi SIBLINGS (in chind) Name Age School Grade/Class Progress Name Age School	Partners divorced, to whom Father only o has legal custody es the other parent ological	must documenta Motl Prather have access and	ation be sent? her only Mother visiting rights: Yes No
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Single If separated or Both If divorced, who If divorced, doe Is the child: Bith SIBLINGS (in chind) SIBLINGS (in chind) Age School Grade/Class Progress Name Age School Grade/Class Progress Name Age School Grade/Class Progress Name Age	Partners divorced, to whom Father only o has legal custody es the other parent ological	must documenta Motl Prather have access and	ation be sent? her only Mother visiting rights: Yes No

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Ag								
	nool ade/Class							
	ogress							
		d within the f	family					
			e describe the followin	g:				
	•	•	ers relationship	ρ,				
		, ,	•					
Re	lationship of	child with Fa	ther / Partner 1					
Re	lationship of	child with M	other / Partner 2					
Re	lationshin of	child with sik	hling/s					
INC	iationsinp or	Cilia With Six	omig/ 3					
Sig	nificant othe	ers in child's l	ife					
Dis	scipline							
	no disciplines	s (circle)?	Father / Partner 1		M	other / Part	tner 2	
	, , , , , , , , , , , , , , , , , , ,	(() () ()				, , , , , , , , , , , , , , , , , , , ,		
Но	w?							
		_						
D.		-	UTIC HISTORY			6.1.		
			cessary reports may le to contact any/or all th					
	Do we have	permission t	.o contact any/or an tr	ie trierapist,	/s docume	iteur res	No	
1	OCCUPATION	ONAL THERA	PY					
	Name and S	Surname of t	herapist					
	Contact nu	mber						
	Email addre	ess						
	Assessmen	t report attac	ched	Yes		No		
	Start date of	of therapy		dd/m	іт/уууу			
	Terminatio	n of therapy		dd/m	ım/yyyy			
	Therapy ad	dressed: Gro	oss Motor Fine Mo	tor Visual	Perceptual	Sensory	Integration	
	Recommen	dations - to b	be completed by pare	nts				
2	SPEECH AN	D LANGUAG	E THERAPY					
	Name and S	Surname of t	herapist					
	Contact nu	mber						
	Email addre	ess						
	Assessmen	t report attac	ched	Yes		NI.	_	
						No L		
	Start date o	of therapy			m/yvvv	NO L		
		of therapy n of therapy		dd/m	m/yyyy m/yyyy	NO L		
	Terminatio	n of therapy		dd/m	т/уууу			
	Termination Therapy ad	n of therapy dressed: Pho	onological Awareness be completed by parei	dd/m dd/m Articulat	т/уууу			

3	REMEDIAL or LEARNING SUPPORT THERAPY	
	Name and Surname of therapist	
	Contact number	
	Email address	
	Assessment report attached	Yes No
	Start date of therapy	dd/mm/yyyy
	Termination of therapy	dd/mm/yyyy
	Therapy addressed (circle): Spelling Reading	Mathematics Written work Memory
	Recommendations – to be completed by parents	With the matter work with the mory
	necommendations to be completed by parents	
4A	PSYCHOLOGICAL ASSESSMENT	
	Name and Surname of Psychologist	
	Contact number	
	Email address	<u> </u>
	Assessment report attached	Yes No
	Circle type of Assessment completed:	
	WISC-IV / WISC V / WPPSI-III / WPPSI-IV	/ CAS / JSAIS
	Date of cognitive assessment:	<u> </u>
	•	
4B	PLAY THERAPY / PSYCHOLOGICAL INTERVENTIO	N
4B	PLAY THERAPY / PSYCHOLOGICAL INTERVENTIO Start date of therapy	
4B	•	N dd/mm/yyyy dd/mm/yyyy
4B	Start date of therapy	dd/mm/yyyy dd/mm/yyyy
4B	Start date of therapy Termination of therapy Therapy addressed (circle): Emotional developments	dd/mm/yyyy dd/mm/yyyy
4B	Start date of therapy Termination of therapy Therapy addressed (circle): Emotional development	dd/mm/yyyy dd/mm/yyyy
4B	Start date of therapy Termination of therapy Therapy addressed (circle): Emotional developments	dd/mm/yyyy dd/mm/yyyy
4B	Start date of therapy Termination of therapy Therapy addressed (circle): Emotional developmed Study Skills: Please specify:	dd/mm/yyyy dd/mm/yyyy ent Social development Classroom support
4B	Start date of therapy Termination of therapy Therapy addressed (circle): Emotional developmed Study Skills: Please specify: Is the emotional assessment part of the original and the start of the original and the star	dd/mm/yyyy dd/mm/yyyy ent Social development Classroom support assement report? Yes No
4B	Start date of therapy Termination of therapy Therapy addressed (circle): Emotional developmed Study Skills: Please specify: Is the emotional assessment part of the original of the another emotinal assessment report been contained.	dd/mm/yyyy dd/mm/yyyy ent Social development Classroom support assement report? Yes No noducted after intervention? Yes No
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48	Start date of therapy Termination of therapy Therapy addressed (circle): Emotional developmed Study Skills: Please specify: Is the emotional assessment part of the original of the another emotinal assessment report been contained.	dd/mm/yyyy dd/mm/yyyy ent Social development Classroom support assement report? Yes No Onducted after intervention? Yes No Order Yes No Order
48	Start date of therapy Termination of therapy Therapy addressed (circle): Emotional developmed Study Skills: Please specify: Is the emotional assessment part of the original and Has another emotional assessment report been consistency in the second support?	dd/mm/yyyy dd/mm/yyyy ent Social development Classroom support assement report? Yes No onducted after intervention? Yes No order
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Name and Surname of therapist Contact number Email address Assessment report attached Yes No Start date of therapy Termination of therapy Termination of therapy Therapy addressed: Core muscle strength Other Recommendations - to be completed by parents 6 PAEDIATRICIAN Name and Surname of Paediatrician Last seen Reason Findings Medication 7 NEUROLOGIST Name and Surname of Neurologist Last seen EEG conducted? Reason Findings Medication 8 PSYCHIATRIST Name and Surname of Psychiatrist Last seen Reason Findings Medication 8 PSYCHIATRIST Name and Surname of Psychiatrist Last seen Reason Findings Medication 9 OPTOMETRIST (visual screening) Name Does your child wear glasses? Yes No If yes, glasses used for close work (reading) or far? 10 AUDIOLOGIST (hearing screening) Name Does your child wear hearing aids or use an FM device? Yes No Does your child wear hearing aids or use an FM device? Yes No Does your child wear hearing aids or use an FM device? Yes No Does your child wear hearing aids or use an FM device? Yes No Allergies Operations Allergies Other	5	PHYSIOTHERAPY						
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Start date of therapy		Email address						
Start date of therapy		Assessment report attache	d	Yes	No			
Termination of therapy Therapy addressed: Core muscle strength Recommendations - to be completed by parents 6 PAEDIATRICIAN Name and Surname of Paediatrician Last seen Reason Findings Medication 7 NEUROLOGIST Name and Surname of Neurologist Last seen EEG conducted? Reason Findings Medication 8 PSYCHIATRIST Name and Surname of Psychiatrist Last seen Reason Findings Medication 9 OPTOMETRIST (visual screening) Name Does your child wear glasses? Yes No If yes, glasses used for close work (reading) or far? 10 AUDIOLOGIST (hearing screening) Name Does your child wear hearing aids or use an FM device? Yes No Operations Does your child wear hearing aids or use an FM device? Yes No Operations Does your child wear hearing aids or use an FM device? Yes No Operations Does your child wear hearing aids or use an FM device? Yes No Operations Does your child wear hearing aids or use an FM device? Yes No Operations Does your child wear hearing aids or use an FM device? Yes No Operations Allergies Operations Allergies Other								
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Do we have permission to contact any/or all the therapist/s documented? Yes No	9 Do If y	Name and Surname of Psyc Last seen Reason Findings Medication OPTOMETRIST (visual screen Name es your child wear glasses? es, glasses used for close wood Name AUDIOLOGIST (hearing screen Name es your child wear hearing a MEDICAL HISTORY Childhood illnesses Operations Allergies Other	ening) Yes No or factorise or	Date Date Year	Concerns	omment		

E. DEVELOPMENTAL HISTORY - Pregnancy and Birth

		•		
Ple	ase tick appropriate column and co	mment		
1	Pregnancy	Yes	No	Comment
	Miscarriages / Still births			
	Was this baby planned			
	How long were parents /			
	partners married or together			
	prior to birth?			
	Duration of pregnancy			
	Complications during pregnancy			
	Smoked/drank or took drugs			
	during pregnancy			

2	Birth	Yes	No	Comment
	Premature, full term or post-			
	mature birth?			
	Foetal distress			
	Forceps or other used			
	Cord around neck			
	Caesarean section			Why?
	Incubator used			For how long?
	Apgar rating:			
	1 minute			
	5 minutes			
	Birth weight			
	Breathing difficulties			Oxygen used?
	Initial jaundice			Lights used? For how long?
	Did mother and child go home			
	together?			
	Post-natal depression			How long? Treatment necessary?
	Bonding problems			
	Complications with delivery?			

3	Infancy – did your baby	Yes	No	Comment	
	experience?				
	Feeding problems				
	Fed on demand				
	Routine every 4 hours				
	Colic – excessive crying				
	Colic – 3 months or longer				
	Sleep – disturbed?			When did your child	sleep through?
	Baby appeared stiff				
	Baby appeared floppy				
	Toilet training	At wha	at age?	Dry during day?	Dry during night?
	Bed wetting				
	Sleep – restless				
	Smile	At wha	at age?		
	Hold up head	At wha	at age?		
	Sit by him/herself – no help	At wha	at age?		
	Crawl	At wha	at age?		
	Walk	At wha	at age?		·
	Ride a tricycle	At wha	at age?		·
	Eating – good appetite				

F. CHILD AS YOU SEE HIM/HER

	Yes	No	Comment
In "another" world			
Changeable moods			
Excessively fearful			
Afraid of the dark			
Afraid of heights			
Frequent nightmares			
Struggles to follow instructions			
correctly			
Unusually active			
Unusually clumsy			
Gets frustrated easily			
Polite			
Easy going			
Repetitive behaviours			
Likes routine and structure			
Withdraws			
Makes friends			
Responds well to discipline			
Cheerful			
Calm			
Social			
Daydreams			
Aggressive			
Please comment on your child's self-es	steem:		
Has your child experienced any trauma	a?		

Non-disclosure or withholding of information may led to termination of this process and/or contract, if offered.

Thank you for taking the time to fill in this form. You have created insight into your child's profile.