



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](mailto:info@crossroadsschool.co.za) • [www.crossroadsschool.co.za](http://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:**

1. 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 relevant information may jeopardise your child's possible placement. Please email assessments to [info@crossroadsschool.co.za](mailto:info@crossroadsschool.co.za), 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. A tour will be given either by the Marketing Manager or the Principal. Please visit our website on [www.crossroadsschool.co.za](http://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:

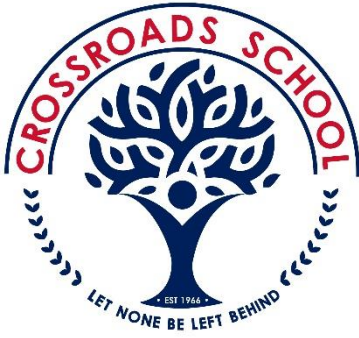
Towards the end of the year, we hold a new learner orientation meeting, to which parents and their children are invited. After an introductory talk by the Principal in the Hall, the learners disperse to their new classes for a chat by their teacher. Learners and parents are then taken on a tour of the 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  
A/C No: 191 600 2587  
Branch Code: 191 605

Please refer to the current fee structure on our website.



## CROSSROADS TRUST

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PBO No. 130000 409

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 payment: \_\_\_\_\_

ID No of Person responsible for fee payment: \_\_\_\_\_

Name of School where pupil is currently enrolled: \_\_\_\_\_

Are School Fees up to date

Yes	No
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Annual fees for: \_\_\_\_\_ (year) R \_\_\_\_\_

Fees paid to date: R \_\_\_\_\_

Fees outstanding: R \_\_\_\_\_

Comment: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

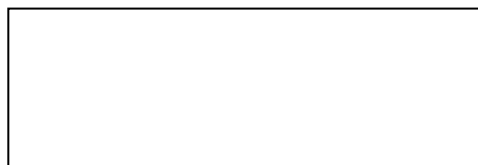
This is to certify that the above person has paid the school fees as indicated.

\_\_\_\_\_  
Print Name of Bursar

\_\_\_\_\_  
Signature of Bursar

\_\_\_\_\_  
Date

SCHOOL STAMP



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

Trustee Members: S. Cohen, A. Greyling, B. McAdam, R. Pearce, J. Perks, B. Richard, J. Slettevold, S. Smookler, C. Wanblad

Honary Trustees: Dr. J.S. Fein, J.A. Fein • Ex Officio: V. J. Witt (Principal), A. Saunders (Administrator)

Member of Independent Schools Association of Southern Africa





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### ADMISSION / ENROLMENT FORM

Please submit previous assessment reports.

Name of Parents: \_\_\_\_\_

Name of Learner: \_\_\_\_\_

Date of submission: \_\_\_\_\_ Admin Fee paid: \_\_\_\_\_

Grade applying for: \_\_\_\_\_ Year: \_\_\_\_\_ Learner's Date of Birth: \_\_\_\_\_

Reason for application:

Describe the present problem/s your child is facing, how it developed and how you hope we can help. Please take time to consider these questions carefully. They help us to gain a picture of your child and his/her developmental history.

What are the reasons for these problems? Are there contributing factors?

Please give details of the person who recommended Crossroads e.g. family member, friend, teacher, school, medical professional.

**A. DETAILS OF CHILD** (kindly submit a photo of child).

PERSONAL INFORMATION	
Surname	
Full first name	
Known as	
Date of Birth dd/mm/yyyy	Copy of birth certificated submitted <input type="checkbox"/>
If not born in SA, please supply child's Passport Number:	
Age	Gender: Boy <input type="checkbox"/> Girl <input type="checkbox"/>
Home language	Religion:
Child's home address	
	Postal Code:
Child lives with	

MEDICAL DETAILS	
Medication	
Emergency contact number	
General Practitioner's Name	
Medical Aid	
Medical Aid number	
Allergies	
Current medication eg Ritalin 10 mg LA	

**B. SCHOOL HISTORY**

CURRENT SCHOOL		
Name of school		
Present grade	Grades repeated:	
School's telephone number		
Principal's name		
Class teacher's name		
Medium of instruction		
Do you give us permission to contact current school?	Yes <input type="checkbox"/> No <input type="checkbox"/> Information gained will be used for the admission process and guides us in acceptance or suggesting suitable schools.	
Please submit your child's latest school report.		
SCHOOLS ATTENDED	ENTRY DATE	EXIT DATE
Name of Creché/Nursery School		
Name of Primary School 1		
Name of Primary School 2		
At which grade / age were challenges first noted?		
Has your child ever repeated a grade? Yes <input type="checkbox"/> No <input type="checkbox"/>		
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 business	
Have any jobs necessitated long absences from home?	
Father's education	High School: _____ Tertiary: _____
<b>Mother/Partner 2 Surname</b>	
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 business	
Have any jobs necessitated long absences from home?	
Mother's education	High School: _____ Tertiary: _____

Did either parent experience any kind of learning challenge at school?	Yes <input type="checkbox"/> No <input type="checkbox"/> yes, then who?
Did any extended family member experience a learning challenge at school?	Yes <input type="checkbox"/> No <input type="checkbox"/> yes, then who?

<b>MARITAL STATUS</b>						
Single	Partners	Married	Separated	Divorced	Widow	Widower
If separated or divorced, to whom must documentation be sent? Both <input type="checkbox"/> Father only <input type="checkbox"/> Mother only <input type="checkbox"/>						
If divorced, who has legal custody? Father <input type="checkbox"/> Mother <input type="checkbox"/>						
If divorced, does the other parent have access and visiting rights: Yes <input type="checkbox"/> No <input type="checkbox"/>						
Is the child: Biological <input type="checkbox"/> Fostered <input type="checkbox"/> Adopted <input type="checkbox"/>						

<b>SIBLINGS (in chronological age)</b>	
<b>Name</b>	
Age	
School	
Grade/Class	
Progress	
<b>Name</b>	
Age	
School	
Grade/Class	
Progress	
<b>Name</b>	
Age	
School	

Grade/Class	
Progress	
<b>Name</b>	
Age	
School	
Grade/Class	
Progress	
Position of child within the family	
Family Relationship – Please describe the following:	
Marital relationship / Partners relationship	
Relationship of child with Father / Partner 1	
Relationship of child with Mother / Partner 2	
Relationship of child with sibling/s	
Significant others in child's life	
<b>Discipline</b>	
Who disciplines (circle)?	Father / Partner 1                      Mother / Partner 2
How?	

**D. ASSESSMENT/THERAPEUTIC HISTORY**

Failure to submit the necessary reports may lead to the termination of this application.

Do we have permission to contact any/or all the therapist/s documented? Yes    No       

<b>1 OCCUPATIONAL THERAPY</b>	
Name and Surname of therapist	
Contact number	
Email address	
Assessment report attached	Yes <input type="checkbox"/> No <input type="checkbox"/>
Start date of therapy	dd/mm/yyyy
Termination of therapy	dd/mm/yyyy
Therapy addressed: Gross Motor    Fine Motor    Visual Perceptual    Sensory Integration	
Recommendations - to be completed by parents	

<b>2 SPEECH AND LANGUAGE THERAPY</b>	
Name and Surname of therapist	
Contact number	
Email address	
Assessment report attached	Yes <input type="checkbox"/> No <input type="checkbox"/>
Start date of therapy	dd/mm/yyyy
Termination of therapy	dd/mm/yyyy

Therapy addressed: Phonological Awareness    Articulation    Language
Recommendations - to be completed by parents

<b>3 REMEDIAL or LEARNING SUPPORT THERAPY</b>	
Name and Surname of therapist	
Contact number	
Email address	
Assessment report attached	Yes <input type="checkbox"/> No <input type="checkbox"/>
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	

<b>4A PSYCHOLOGICAL ASSESSMENT</b>	
Name and Surname of Psychologist	
Contact number	
Email address	
Assessment report attached	Yes <input type="checkbox"/> No <input type="checkbox"/>
Circle type of Assessment completed: WISC-IV / WISC V / WPPSI-III / WPPSI-IV / CAS / JSAIS	
Date of cognitive assessment:	

<b>4B PLAY THERAPY / PSYCHOLOGICAL INTERVENTION</b>	
Start date of therapy	dd/mm/yyyy
Termination of therapy	dd/mm/yyyy
Therapy addressed (circle): Emotional development    Social development    Classroom support Study Skills: Please specify:	
Is the emotional assessment part of the original assement report? Yes <input type="checkbox"/> No <input type="checkbox"/> Has anohter emotinal assessment report been conducted after intervention? Yes <input type="checkbox"/> No <input type="checkbox"/> Is there a need for ongoing emotional support? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Recommendations from psychologist to help assist your child:	



5 PHYSIOTHERAPY	
Name and Surname of therapist	
Contact number	
Email address	
Assessment report attached	Yes <input type="checkbox"/> No <input type="checkbox"/>
Start date of therapy	dd/mm/yyyy
Termination of therapy	dd/mm/yyyy
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	

9 OPTOMETRIST (visual screening)		
Name	Date	Concerns
Does your child wear glasses? Yes <input type="checkbox"/> No <input type="checkbox"/>		
If yes, glasses used for close work (reading) <input type="checkbox"/> or far? <input type="checkbox"/>		

10 AUDIOLOGIST (hearing screening)		
Name	Date	Concerns
Does your child wear hearing aids or use an FM device? Yes <input type="checkbox"/> No <input type="checkbox"/>		

11 MEDICAL HISTORY				
	Name	Year	Comment	
Childhood illnesses				
Operations				
Allergies				

Other			
Do we have permission to contact any/or all the therapist/s documented? Yes <input type="checkbox"/> No <input type="checkbox"/>			

### E. DEVELOPMENTAL HISTORY – Pregnancy and Birth

Please tick appropriate column and comment				
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 experience?	Yes	No	Comment
	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 what age? Dry during day? Dry during night?
	Bed wetting			
	Sleep – restless			
	Smile			At what age?
	Hold up head			At what age?
	Sit by him/herself – no help			At what age?
	Crawl			At what age?
	Walk			At what age?
	Ride a tricycle			At what age?

Eating – good appetite			
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**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-esteem:			
Has your child experienced any trauma?			

Please complete this form with as much information as possible as this helps our professionals support your child with accurate and fully disclosed data.

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