

CROSSROADS SCHOOL



13th Street,
Victory Park
Tel: 011 782 5378
Fax: 011 888 7415
Email: crossxrd@mweb.co.za

APPLICATION PROCESS:

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

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. See banking details below.

Typically our learner profile is of a child who has good potential to learn and will ultimately return to a mainstream school. Crossroads educates learners who may learn differently, who would benefit from additional input and support with regards to the development of skills in order to flourish academically. The school seeks to protect and promote the rights and interests of each learner within the context of and having regard to the needs and legitimate wants of his or her peers, teachers, therapists and other members of the school community.

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

- Admission/Enrolment Form (Attached)
- Psycho-Educational Assessment not older than two years. We prefer a WPPSI III or IV or a WISC-V assessment (age dependent).
- Speech Therapy Assessment not older than one year. A progress report does not suffice. Actual scores are required.
- Occupational Therapy Assessment not older than one year. A progress report does not suffice. Actual scores are required.
- Latest school report.
- Birth certificate

Any withholding of relevant information may jeopardise your child's possible placement. Please email assessments to crossxrd@mweb.co.za or fax them to 011 888 7415, for the attention of Barbara-Ann, **together with the Admission/Enrolment Form** (see below).

If you do not have the relevant assessments, please contact Lauren on 011 782 5378 (ext. 3) or lauren@crossroadsschool.co.za for a list of therapists who may be engaged to conduct assessments.

Once we are in possession of all the documentation, we will ascertain, from the reports and in the opinion of an admission committee, whether Crossroads is a suitable placement for your

child. All documents submitted will be considered by the committee. The members of this committee independently make recommendations concerning your child. The results are reviewed and a decision made. In this regard, Crossroads endeavours to create and maintain an educational and therapeutic environment that is calm and conducive to nurturing learners' ability and confidence both in the classroom and on the playground, as well as safeguarding and serving the rights and interests of the entire school community.

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.

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. The Principal will also give a tour of the school and offer 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 R35 000 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.

Fee Structure: 2019	Plus:	<u>BANKING DETAILS:</u>
Annual Fees: R122 562.00	Enrolment Fee: R35 000.00	Nedbank Killarney Branch
5% discount if paid by 27 Jan R116 433.90	Insurance: R 150.00	A/C No: 191 600 2587
Monthly Fees (11 months) R11 142.00	Tours Levy: R 500.00	Branch Code: 191 605
Termly Fees: R40 854.00	Book Pack: to be advised	

Please fill in the form below and email to crossxrd@mweb.co.za, together with all assessments and the R1000.00 non-refundable Application Fee.

All fields to be completed.

CROSSROADS SCHOOL



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: _____
Mother/Partner 2 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?	
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"/> If yes, then who?
Did any extended family member experience a learning challenge at school?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, then who?

MARITAL STATUS						
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"/>						

SIBLINGS (in chronological age)	
Name	
Age	
School	
Grade/Class	
Progress	
Name	
Age	
School	
Grade/Class	
Progress	
Name	
Age	
School	
Grade/Class	
Progress	
Name	
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	
Discipline	
Who disciplines?	Father / Partner 1 <input type="checkbox"/> Mother / Partner 2 <input type="checkbox"/>
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

1	OCCUPATIONAL THERAPY	
	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	

2	SPEECH AND LANGUAGE THERAPY	
	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	

3	REMEDIAL or LEARNING SUPPORT THERAPY	
	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: Spelling <input type="checkbox"/> Reading <input type="checkbox"/> Mathematics <input type="checkbox"/> Written work <input type="checkbox"/> Memory <input type="checkbox"/>	
	Recommendations - to be completed by parents	

4A	PSYCHOLOGICAL ASSESSMENT	
	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:	
4B	PLAY THERAPY / PSYCHOLOGICAL INTERVENTION	
	Start date of therapy	dd/mm/yyyy
	Termination of therapy	dd/mm/yyyy
	Therapy addressed: Emotional development <input type="checkbox"/> Social development <input type="checkbox"/> Classroom support <input type="checkbox"/> Study Skills: <input type="checkbox"/> Please specify:	
	Is the emotional assessment part of the original assessment report? Yes <input type="checkbox"/> No <input type="checkbox"/> Has another emotional 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			

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?			

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.