

JULIAN ACADEMY



ENROLMENT FORM

PREAMBLE

- *Please add two pass-port size pictures to the completed enrolment form one fixed onto the form and the other placed in the envelope provided. (Refer to Page 2)*
- *You are required to attach copies of birth certificates to this form before enrolment is completed.*
- *Each child in Pre-Nursery and Nursery must have dippers, wipers and an extra attire in his/ her bag when coming to school every day.*

PARENTS INVOLVEMENT IN SCHOOL:

- *Our policy is to encourage parents to be involved in the development of your children. All personal information regarding parents or guardians should be provided so we can communicate with you at all times.*
- *If legal papers and/ or court documents exist regarding custody, guardianship or limitations placed in the involvement of one parent please be sure to indicate and submit a copy with the enrolment form.*
- *If concerns exist regarding the involvement of a parent, please inform the administration. (Refer to page 3)*

NUTRITION:

- *Nutrition consist of snacks (fruits) and lunch for all students unless for special situations. You must therefore provide breakfast, extra snacks for your children based on their class schedules.*

EMERGENCY INFORMATION:

- *In an emergency the school requires the name and phone number of at least two contacts that your child may be released to when you/ guardian are not available.*

WITHDRAWAL NOTICE:

- *In the event of a withdrawal from the school, four months written notice must be presented before all records of your child will be released.*

NOTE: *Please do well to strictly adhere to all the above. Thank you and welcome to the Julian Academy family.*

*All fields of information on all pages are requirements for Enrolment.
Please enter all data as accurately as possible.*

ATTACH CHILD'S
PHOTO

PROGRAM OF CHOICE

PRE-SCHOOL [] PRIMARY [] J.H.S []

CHILD'S PERSONAL INFORMATION (IN BLOCK LETTERS)

CHILD'S NAME: _____
(SURNAME) (MIDDLE NAME) (FIRST NAME)

MALE: ☐ FEMALE: ☐ BIRTH DATE: _____ / _____ / _____
DAY MONTH YEAR

PLACE OF BIRTH: _____ RELIGION: _____

HOME TOWN: _____ NATIONALITY: _____

HOME ADDRESS: _____

CHILD'S FIRST LANGUAGE: _____

DOES YOUR CHILD HAVE ANY HEALTH PROBLEMS OR ALLERGIES?

NO: ☐ YES: ☐

IF YES, PLEASE DESCRIBE THE CONDITION:

PREVIOUS SCHOOL ATTENDED: (If Applicable)

CLASS: _____

ADDRESS: _____

E-MAIL ADDRESS: _____

TELEPHONE NUMBER: _____

FOR OFFICE USE ONLY

Form rcvd on: _____ Entry date: _____ Departure date: _____

Admission fee paid: _____ Total Amount: _____

Copy of birth certificate provided? No: _____ Yes: _____

Comments: _____

Form code: _____ Admin Sign: _____

FAMILY'S PERSONAL INFORMATION:

FATHER /GUARDIAN (Please underline one)

Name: _____
Surname First

OCCUPATION: _____

Home Phone number: _____

Cell Phone number: _____

Home Address: _____

Email address: _____
(Father/Guardian)

MOTHER/ GUARDIAN (Please underline one)

Name: _____
(Surname) (First name)

OCCUPATION: _____

Home Phone number: _____

Cell Phone number: _____

Home Address: _____

Email address: _____
(Father/Guardian)*If separated or divorced, please indicate court-ordered custody arrangements:*_____
_____**EMERGENCY CONTACTS**Name: _____
(Surname) (First name)

Home Phone: _____

Cell Phone: _____

Name: _____
(Surname) (First name)

Home Phone: _____

Cell Phone: _____

GETTING TO KNOW YOUR CHILD:

Tell us a little about your child. What are his/her likes...dislikes...interests, special meal, etc.?

What comforts your child when he/she is upset?

Are there indicators specific to your child that may suggest he/she is not feeling well?

Is there anything else you would like to share with us about your child?

Personal Information Consent:

In providing data on this enrolment form I understand that personal information will only be used for the internal purposes of the school.

Email Consent:

I consent to the use of the email address(es) provided on this application to receive electronic messages from Julian Academy, which will include (but not limited to) newsletters, office memos, and teacher communications.

I understand that I will have the option to unsubscribe at any time.

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS ACCURATE TO THE BEST OF MY KNOWLEDGE.

SIGNED (PARENT/GUARDIAN)

DATE

MEDICAL INFORMATION:**IMMUNIZATION RECORD**

DOSE	DATE GIVEN	BATCH NO.	NEXT VISIT	PLACE GIVEN
TUBERCULOSIS				
AT BIRTH				
POLIOMYELITIS				
1 ST (6 WEEKS)				
2 ND (10WEEKS)				
3 RD (14WEEKS)				
DIPHThERIA/ PERTUSSIS/ TETANUS/ HEPATITIS B/ HAEMOPHILIC INFLUENZA B				
1 ST (6 WEEKS)				
2 ND (10WEEKS)				
3 RD (14WEEKS)				
MEASLES				
(9 WEEKS)				
(9 MONTHS)				
YELLOW FEVER				
(9 MONTHS)				

OTHER VACCINES

MEDICAL INFORMATION:

Communicable Disease History:

Child's Overall Health: _____

Are there any specific instructions regarding diet, rest, or exercise? Yes / No _____

If your child is unable to participate in certain athletic and/or school activities, please comment:

Please comment on your child's social development:

Has your child ever been diagnosed with a speech/cognitive/psychological problem? Yes / No _____

Comment: _____

Has your child ever had his/her hearing or eyes tested? Yes / No _____

Result: _____

Does your child have any allergies? Yes / No _____

If yes, please specify: _____

Are your child's allergies severe that he/she is considered anaphylactic? Yes / No _____

Does your child need to keep any medication at school for any medical condition? _____

Parent's Consent:

In case of emergency resulting from an accident or illness where prompt medical attention is deemed necessary and the parents cannot be immediately contacted, permission is hereby given to take the above mentioned child to the nearest medical facility and to proceed with medical treatment. I understand that any medical expenses incurred for such treatment are my responsibility.

Dated: _____ Signature of Parent/Guardian: _____

Service Policy Agreement

Our Commitment ...

- Christ centred discipline is a part of our learning process that leads and nurtures a person to accept responsibility for their thoughts and conduct. It also aims to lead your child to accept the way of life shown by Christ and assist them to develop self-control, to recognize acceptable behaviour, to grow in respect for God, human authority, peers, one's self and the rest of God's creation.
- We will assist your child by implementing intellectually challenging learning experiences which will develop your child's language and literacy. This is our responsibility to you and your child at Julian Academy.

Your Child's responsibility ...

- Your child will in turn become aware of his/her behaviour, accept responsibility and take corrective action from the classroom teacher.
- Your child must abide by school rules, meet homework requirements and dress in the appropriate attires at all times.
- He/ she must respect the school's authority and property at all times.

Communication ...

- We are always willing to speak with you about your child's day. If you have any questions or concerns regarding your child, please speak with the office to set up an appointment with the classroom teacher. It is our collective duty to support the personal development of your child through a positive and productive relationship.

Your Commitment...

- Parents/ guardians are to attend school conferences and ensure you child completes all task and assignments. Be a part of your child's learning process by creating an enabling learning environment both at home and at school.
- Treat the school staff with respect at all times and abide by the school's rules regarding access to school grounds before, during and after school hours.
- Please ensure your child is neatly dressed and does not bring any dangerous or inappropriate items to school.

Termination of Services Policy ...

- Julian Academy reserves the right to terminate child care services if, in the judgment of the Teacher and School authorities, the needs of the child and Julian Academy are in conflict of each other based on any of the situations below:
 - ✓ A child is aggressive toward other children and causes harm to others or self.
 - ✓ The school fees are not paid on schedule.
 - ✓ Failure of parents/ guardians to honour any agreements, terms and conditions set by the school.
 - ✓ Failure of parents/guardians to honour any rules, regulations or policies outlined by the School.
 - ✓ The child's special needs are beyond the school's scope of care.

I acknowledge that I have read and understood the responsibilities of students, parents and school staff outlined above; as well as information concerning the school's rules, policies, programs and services.

Parent/ Guardian's Signature:

on behalf of Julian Academy: