



Malaika House Student Application Form

Please complete this form and e-mail it to info@malaikahouse.co.za

Supporting documents that should accompany this application:

Copy of parent/s or guardian/s ID documents	Any reports from psychologist, OT or other professionals
Latest school reports (if applicable)	Sensory profile of student (if you don't have one our OT can do an assessment)

Section 1: Student's details

Name and Surname as on ID document	
Preferred name	
ID number	
Date of birth	
Age	
Latest grade completed	
Home address	
Home and other languages spoken	
First language	
Other languages	
Preferred language of learning	

First language	
Second language	
Number of children in the family	
Position of student in the family	
Nationality	
Country of origin	
Race	
Gender	
Religion	
Student's cell phone number	

Section 2: Student's educational details

Current school	
Address	
Contact details	
Principal	
Previous schools and dates attended	
Latest grade passed and year	

Subjects student likes best	
Subjects student likes least	
Interests and hobbies	
Sport / extracurricular activities student participates in	
Does the student require aftercare (yes or no)	
Please tell us more about the student and why you want the student to attend Malaika House.	

Section 3: Student medical information

Family doctor name	
Family doctor address	
Family doctor contact number	

Medical aid name	
Medical aid number	
Main member Name and Surname	
Main member ID number	
Option / Plan	
Has student had all their immunisations	
Student allergies	
Has the student suffered from any of the following illnesses? Please indicate with an X.	
Asthma	
Enteric fever	
Measles	
Scarlet fever	
Chicken pox	
German measles	
Mumps	
Tickbite fever	
Diabetes	
Hepatitis	
Polio	
Typhoid fever	

Diphtheria	
Malaria	
Rheumatic fever	
Whooping cough	
Any other illnesses (please specify)	
Does student have any diagnosis? Please specify.	
Details of the doctor/psychologist who made diagnosis	
Please list student's disabilities and special needs	
Has student had any operations? If yes, please specify which operations and dates of operation.	
Any other relevant medical information	

Section 4: Medical consent

In a critical medical situation, please understand that there may not be time to refer to the student's records. Malaika House reserves the right to utilize the fastest medical service available.

I, _____ (full name and surname of parent / legal guardian) hereby agree that a medical practitioner may provide emergency treatment as may be necessary.

Signature of parent / legal guardian: _____

Date: _____

Section 5: Details of father / step father / legal guardian

Full names as on ID document	
Surname as on ID document	
ID number	
Residential Address	
Postal Address	
Contact number	
Email address	
Marital status	
Occupation	
Employer	
Employer address and contact number	
Parental status (please tick the appropriate block)	
Student living with parent/s	
Student's Legal guardian	
Access rights to student	
Access rights in an emergency only	
Any disabilities	

Section 6: Details of mother / step mother / legal guardian

Full names as on ID document	
Surname as on ID document	
ID number	
Residential Address	
Postal Address	
Contact number	
Email address	
Marital status	
Occupation	
Employer	
Employer address and contact number	
Parental status (please tick the appropriate block)	
Student living with parent/s	
Student's Legal guardian	
Access rights to student	
Access rights in an emergency only	
Any disabilities	

Section 7: Details of another contact in case of an emergency

Full names as on ID document	
Surname as on ID document	
ID number	
Residential Address	
Contact number	
Email address	

Section 8: Details of persons who are allowed to fetch student at Malaika House

Person 1: Full names as on ID document	
Surname as on ID document	
ID number	
Contact number	
Email address	
Relationship to student	
Person 2: Full names as on ID document	
Surname as on ID document	
ID number	
Contact number	
Email address	
Relationship to student	

Section 8: Details of the person responsible for the monthly Malaika House account

Full names as on ID document	
Surname as on ID document	
ID number	
Residential Address	
Postal Address	
Contact number	
Email address	
Occupation	
Employer	
Employer address and contact number	
Relationship to student	
Number of children at Malaika House	

Section 9: Declaration of parent / legal guardian / account holder

We, the undersigned, _____,
(Full name and Surname) hereby certify that the information given by the parent / legal guardian and account holder in this application for admission is complete and accurate. We accept joint and several liability to Malaika House for the due and punctual payment of Malaika House fees, and any other amounts which may become due and payable to Malaika House or in respect of participation in or attendance of any extracurricular activity. We accept the Financial Terms and Conditions of which a copy has been kept. The signatures of the account holder and parent/s or legal guardian are required if applicable.

Account holder signature

Date

Parent 1 / Legal Guardian Signature

Date

Parent 2 / Legal Guardian Signature

Date