



Northside Primary School

Student Record Card

Official Use Only:	
Admission	
Date:	_____
Admission	
Number:	_____

Student Information

Name: _____ (family name) _____ (first names) Sex: M / F

Place & Date of Birth: _____ (place) _____ (day) _____ (month) _____ (year)

Nationality: _____ Religion: _____

Family Information

Father: Family Name: _____ First Name: _____

Nationality: _____ Profession: _____

Employer: _____

Employer's address: _____

Tel (w): _____ Fax: _____

Tel (h): _____ Cell: _____ E-mail: _____

Mother: Family Name: _____ First Name: _____

Nationality: _____ Profession: _____

Employer: _____

Employer's address: _____

Tel (w): _____ Fax: _____

Tel (h): _____ Cell: _____ E-mail: _____

Family Situation

Please ✓ tick where appropriate

Child lives with: Father Mother Step-father
 Step-mother Guardian* Other*

Please give details: _____

Siblings:

Name: _____ M / F Date of birth: _____

Name: _____ M / F Date of birth: _____

Name: _____ M / F Date of birth: _____

Name: _____ M / F Date of birth: _____

Background knowledge of your child's family situation will help the school to understand your child. For this reason, we ask the following questions. Please indicate (✓) where appropriate:

Parents Divorced

Parents Separated

Parent Deceased

Languages

Language(s) spoken at home: _____

Language of instruction at previous school (if applicable): _____

Language spoken most fluently by your child: _____

Student's knowledge of other languages: (please ✓ tick as appropriate)

	Fluent	Good	Satisfactory	Minimal
English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Setswana	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Others:				
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Medical Information

Please ✓ tick as appropriate

My medical aid society is: _____ **Medical Aid No:** _____

I accept that in an emergency if I cannot be contacted my child will be taken immediately to the Gaborone Private Hospital.

Known **Eye Problem:** _____ Glasses Contact Lens

Wears glasses/contacts All the time For reading For distance

Special seating required:

Under the care of Dr _____ Tel: _____

Known **Hearing Problem:** _____ Hearing aid Grommets

Special seating required

Under the care of Dr _____ Tel: _____

Speech Problem: _____ Speech therapy: _____

Orthopaedic Problem: _____ Limitations: _____

Heart Problem: _____ Limitations: _____

Is child on any medication? Yes No

ADD/ADHD: _____

Medication (name) : _____ At home At school

Seizure disorder: _____

Medication (name) : _____ At home At school

Asthma: _____

Medication (name) : _____ At home At school

Allergies: allergic to: _____ Medication (name) : _____

Bee sting allergy: instructions if stung: _____

Haemophilia: Instructions if bleeding or injured: _____

Diabetes: signs/symptoms of impending problems: _____

Frequent nose bleeds: any special instructions: _____

Other significant illnesses, accidents, operations, limitations and medications: _____

Address for Correspondence

Name: _____ Relationship to Child: _____
Address: _____ Tel: _____
_____ Fax: _____
Valid until: _____ E-mail: _____

Invoice Address

Name: _____
Address: _____ Tel: _____
_____ Fax: _____
Valid until: _____ E-mail: _____

Declaration

I confirm that I have read the Northside Primary School fee schedule and understand both the conditions for the payment of fees and the required notice period to be given to the school should I wish to withdraw my child from Northside Primary School. I further confirm that all the information is, to the best of my knowledge, accurate.

I will provide the school with up-to-date telephone numbers where I can be contacted in case of an emergency.

On entering my child at Northside Primary School, I agree to co-operate with the school and to abide by the operations of the school as detailed in the Parent Handbook.

Signed: _____ (*Parent/Guardian*) Date: _____

If your employer is responsible for payment of school fees, a company representative must also sign this form (below).

Signed: _____ For (*Company Name*): _____

Name *in Block Capitals*: _____ Position: _____

Date: _____

Please affix company stamp/seal: