



HIRSCH LYONS SCHOOL

בס"ד

"And you shall make the Torah known unto your children and your children's children".
(Devorim IV)

Dear Parent

Enclosed, please find the Application Form, General and Medical Indemnity, Immunisation Form and Uniform requirements.

Please submit the following with your application:

1. Copy of Birth Certificate
2. Transfer Card, where relevant
3. Copy of Reports from previous schools.
4. Copy of O.T., Speech Therapy, Psychological and other relevant Assessments.
5. Application Fee R350
6. Three Passport size Photographs
7. Email address for School Newsletter and Account purposes.

Please note that a copy of your child's birth certificate must be brought with you to the interview if it was not sent in with the application.

I have submitted all the above requirements with my application form.

Signed: _____

Legal Guardian

Date: _____

BUILDING FOR THE FUTURE

UNDER THE DIRECTION OF THE YESHIVAH GEDOLAH OF JOHANNESBURG

9-9th Street, Orange Grove 2192 (Entrance from 10th St), Postal: P.O. Box 46286, Orange Grove 2119. Tel: 640-4314



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Objectives and Emphasis of Hirsch Lyons School

The school works towards the development of the total child in a warm and caring environment thus all subjects and areas of endeavour are important.

The school however, places special emphasis on the following points:

- A comprehensive Torah Education
- A sound and solid academic grounding
- Character development via the Courtesy and Manners Programme
- Care of the Environment
- The development of a strong and healthy body via PT and The Extra Mural Sport Programme
- An appreciation for music and art
- The development of a love for "learning" and of acquiring knowledge
- Tolerance and appreciation for all human beings without regard to race, colour or religious affiliation
- Developing and maintaining the self-esteem of each and every child



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APPLICATION FORM

PARTICULARS OF PUPIL

BIRTH DATE.....
I.D. NUMBER.....
ENROLMENT DATE.....
CLASS.....

SURNAME..... FIRST NAMES.....

HOME ADDRESS.....

TELEPHONE NUMBER..... CELL PHONE.....

E-MAIL.....

CHILD'S PRESENT AND PREVIOUS SCHOOLS.....
.....

REASONS FOR WANTING TO ENTER YOUR CHILD IN HIRSCH LYONS SCHOOL

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WHO WILL BRING THE CHILD TO SCHOOL?.....

WHO WILL FETCH THE CHILD FROM SCHOOL?.....

POSITION OF CHILD IN THE FAMILY.....

AGES AND GENDER OF SIBLINGS

FAMILY DOCTOR..... TELEPHONE NUMBER.....

IS YOUR CHILD ON REGULAR MEDICATION?.....

HAS YOUR CHILD HAD THE NECESSARY IMMUNISATIONS?.....

ALLERGIES, IF ANY.....

GENERAL MEDICAL HISTORY.....
.....

SPECIAL REMARKS.....
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.....

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PARTICULARS OF PARENTS

FATHER'S NAME.....

OCCUPATION.....

HOME ADDRESS.....

EMAIL ADDRESS.....

NAME AND ADDRESS OF BUSINESS OR EMPLOYMENT.....

I.D. NUMBER.....

HOME TELEPHONE..... CELL PHONE.....

BUSINESS TELEPHONE.....

MOTHER'S NAME..... OCCUPATION.....

HOME ADDRESS.....

EMAIL ADDRESS.....

NAME AND ADDRESS OF BUSINESS OR EMPLOYMENT.....

I.D. NUMBER.....

HOME TELEPHONE..... CELL PHONE.....

BUSINESS TELEPHONE.....

NAME AND TELEPHONE NUMBER TO CONTACT IF WE CANNOT REACH YOU.....

PLEASE NOTE

1. If there is any change of address or telephone number at home or work, you are required to notify the School promptly.
2. Fees are payable by both parents jointly and severally on the second day of each month from January to December.
 - 2(a) Fees as advised.
3. We authorise the school to make enquiries regarding our financial status from any credit bureau at any time, and agree to give our full financial details at any stage should this be requested.
4. One term's notice in writing must be given before your child is removed from the school. Failing this, a full term's fees will be charged in lieu of notice.
5. I, as well as my children, will adhere to the rules of the school regarding conduct, discipline and policy.
6. We confirm that the contents hereof are true and correct in every respect and all relevant information has been disclosed. Contents hereof are material in considering any acceptance of this application. Any acceptance is subject to your compliance herewith.
7. Kindly note that this application is not a guarantee of acceptance.
8. We have read this entire application form and agree to all the terms thereof.

SIGNATURE OF LEGAL GUARDIAN..... DATE.....

SIGNATURE OF FATHER..... SIGNATURE OF MOTHER.....

INDEMNITY

We, the undersigned, personally and on behalf of our child/children, jointly and severally absolve and release the school, its staff, pupils, management, employees, agents or representatives from any liability whatsoever resulting from any harm or injury whatsoever which may befall us or our child/ren, or our property resulting from any act or omission by such persons or our child/ren, and indemnify the school and all such persons against any claim whatsoever which may be made against them or any of person arising from the above.

SIGNATURE OF LEGAL GUARDIAN..... DATE.....

HEBREW NAME OF CHILD.....

HEBREW BIRTHDAY.....

HEBREW NAME OF FATHER.....

HEBREW NAME OF MOTHER.....

NAME OF RELIGIOUS CONGREGATION TO WHICH YOU BELONG.....

IS MOTHER HALACHICALLY JEWISH?.....

IF NOT, WHERE AND WHEN CONVERTED.....

COMMENTS.....

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.....

MEDICAL INDEMNITY

Would you please complete and sign the form below and return it to the school as soon as possible.

This is essential to enable us to take every precaution to help your child at all times.

We give permission to the school to request any medical information from any medical, psychological or social practitioner or institution relevant to our child/ren's physical and mental health, and authorise and instruct them to provide such details to the school.

In the event of you or your doctor not being readily available, we will take whatever steps may be necessary in the circumstances.

I give permission to any member of the staff of the Hirsch Lyons Hebrew Nursery School/Hirsch Lyons School to engage the services of any medical practitioner, on my behalf, of his/her choice or, in the event of a medical practitioner not being available, any person with medical experience to render such treatment to..... (name of child/children) which the said person shall deem necessary and absolve the school and such persons for any responsibility thereof.

Signature of Legal Guardian..... Date.....

Name of child.....

Name of family doctor.....

Doctor's telephone numbers.....

Home telephone numbers: Mother..... Father.....

Work telephone numbers: Mother..... Father.....

Cell Phone: Mother..... Father.....

Other numbers to contact if we cannot reach you.....

Please provide all medical information that will be of value in any emergency, e.g. allergies, drugs, family history or previous medical or surgical history.....

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Any academic, behaviour/social information that would be of value to the school in order for your child/children and other pupils to fully benefit from our programme.

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Full details of academic, social, physical, psychological, or behavioural information regarding our child/children are set out below, and all previous reports or assessments regarding them have been submitted to the school.

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Signature of Legal Guardians _____

IMMUNISATION DETAILS

DATE.....

NAME OF CHILD.....

IMMUNISATION

DATE

B.C.G. against Tuberculosis	.....
Diphtheria (DTP)	.....
Whooping Cough (DTP)	.....
Tetanus (DTP)	.....
Hib B. (Haemophilus Influenza)	.....
Poliomyelitis	.....
Hep B. (Hepatitis B)	.....
Hep A. (Hepatitis A)	.....
Measles	.....
Measles/Mumps/Rubella (MMR)	.....
Conjugated Pneumococcal (PREVENAR)	.....
Rota Virus	.....
Varicella (Chickenpox)	.....
DT Polio (Pre School)	.....