HIRSCH LYONS SCHOOLS

בס"ד

Dear Parent

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

Please submit the following with your application:

Documentation	Attached	
	Yes	No
1. Copy of Birth Certificate		
2. Transfer Card, where relevant		
3. Copy of Reports from previous schools		
4. Copy of OT, Speech Therapy, Psychological and other relevant assessments		
5. Application Fee: R350		
6. One passport size photograph		
7. Email address for school communication and account purposes		

I have submitted all the above requirements with my application.

Signed : _____ Date : _____

(Parent/ Guardian)

HIRSCH LYONS SCHOOLS

בס"ד

HIRSCH LYONS SCHOOLS

Mission Statement

Hirsch Lyons is a proudly Jewish and South African Torah Day School, established to develop our youth with inspiring levels of Torah learning, integrity, Derech Eretz, good Middos and pursuit of excellence in all areas; so that they will be well equipped with the necessary skills, knowledge and the desire to effect positive change to the world around them.

In our high level Torah programme, we strive to teach and engender a love for the Torah. Our talmidim study Chumash, Nach, Parsha, Mishna, Gemara, Halocha and Mussar. We also inculcate a love of Eretz Yisrael through the Torah we learn and emphasize the teaching of Hebrew.

Hirsch Lyons also provides an excellent academic education. All our high school graduates, besides achieving many distinctions, have obtained University Exemption passes.

APPLICATION FORM

PARTICULARS OF PUPIL

Birth date ……

Hebrew birth date ……

ID Number ……

Enrolment Date ……

Class ……

Pupil Surname ……..……..……....

Pupil First Names……..……....

Pupil Hebrew Name ……..…….....

Pupil Home Address ……..……..……....

Home Telephone Number…..…….…….....

Child's Present and Previous Schools …….....

Reasons for wanting to enrol your child in Hirsch Lyons School
…….....

Who will bring your child to school? …….....

Who will fetch your child from school?…….....

Position of child in family …….....

Ages and gender of siblings …….....

……..

PARTICULARS OF PARENTS – FATHER

Father's Name……..…….…….....

Hebrew Name ……..…….……..……...

Occupation……..…….....

Home Address …….…….....

…….

…….

ID Number…….……..…….....

Home Telephone ……..…....

Cell Number …..…….……..

Business Telephone …….....

E-mail Address ……...……....

PARTICULARS OF PARENTS – MOTHER

Mother's Name……..…….…….....

Hebrew Name ……..…….……..……....

Occupation……..…….....

Home Address …….…….....

…….

.....

ID Number…….……..…….....

Home Telephone ……..…....

Cell Number…..…….……....

Business Telephone …….....

E-mail Address……...……....

Name of Religious congregation to which you belong…….....….....

Were parents born Jewish?…….……..…….....

If not, where and when were parents converted?

……..…...

Name and telephone numbers to contact if we cannot reach parents in case of emergencies.

……..

……..

Please set out details of any academic, social, behavioural, physical or psychological information regarding your child and submit all current and previous reports or assessments pertaining to these to the school.

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Other Comments

……..……..……..……

……..……..…….

……..…..…….

…….…….

PLEASE NOTE

1. If there is any change of address, physical or email or telephone numbers (cell, 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.
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 you child is removed from the school. Failing this, a full term's fees will be charged in lieu of notice.
5. We, 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 PARENTS

……..……. ……

Name Mother Signature Mother

…..…….…….. ……

Name Father Signature Father

Or Legal Guardian

…..……..… …… ……

Relationship to Learner Name Signature

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 person arising from the above.

SIGNATURE OF PARENTS

……..…….……. …….

Name Mother Signature Mother

…..…….…….. …….

Name Father Signature Father

Or Legal Guardian

…..……..… …… ……

Relationship to Learner Name Signature

MEDICAL INDEMNITY

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'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, Hirsch Lyons Schools will take whatever steps may be necessary in the circumstances.

I give permission to any member of staff of the Hirsch Lyons 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) which the said person shall deem necessary and absolve the school and such persons for any responsibility thereof.

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 …..…….....

Medical Aid : .....

Main member : ……..…….....

Membership Number : …….....…

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

……..……..……

……..……

……..……..……

……..……..……

SIGNATURE OF PARENTS

……..……..…… ……

Name Mother Signature Mother

…..……..…….. ……

Name Father Signature Father

Or Legal Guardian

…..……..… …… ……

Relationship to Learner Name Signature

IMMUNISATION DETAILS

Date : ……..……

Name of Child ……..

IMMUNISATION

	Date
B.C.G. against Tuberculosis	……..
Diptheria (DTP)	……..
Whooping Cough (DTP)	……..
Tetanus (DTP)	……..
Job B/ (Haemophilias Influenza)	……..
Poliomyelitis	……..
Hep B. (Hepatitis B)	……..
Heb A. (Hepatitis A)	……..
Measles	……..
Measles/Mumps/Rubella (MMR)	……..
Conjugated Pneumococcal (Prevenar)	……..
Rota Virus	……..
Varicella (Chickenpox)	……..
DT Polio (Pre School)	……..

Therapy Information
Private and Confidential

Childs Name:			
Class:		Date	

PAST THERAPY	
1. Therapists name	
Telephone Number	
Type of therapy	
Year Therapy completed	
2. Therapists name	
Telephone Number	
Type of therapy	
Year Therapy completed	
3. Therapists name	
Telephone Number	
Type of therapy	
Year Therapy completed	
PRESENT THERAPY	
1. Therapists name	
Telephone Number	
Type of therapy	
2. Therapists name	
Telephone Number	
Type of therapy	
3. Therapists name	
Telephone Number	
Type of therapy	
4. Medication	
Dosage	
Times to be administered	