



SINAI ACADEMY ENROLMENT FORM

THANK YOU FOR CONSIDERING
US. PLEASE COMPLETE THE FORM
BELOW. AND INCLUDE THE
FOLLOWING DOCUMENTATION.

- COPY OF BIRTH CERTIFICATE OR ID OR PASSPORT OF CHILD
- COPY OF ID OR PASSPORT OF PARENT(S) AND/OR LEGAL GUARDIAN
- MOST RECENT SCHOOL REPORT (IF APPLICABLE)
- CERTIFICATION OF JEWISH IDENTITY E.G. JEWISH MARRIAGE/ BRIS CERTIFICATE/CONVERSION
- ANY MEDICAL/ALLERGY CERTIFICATION/ IMMUNIZATION CARDS (IF APPLICABLE)

CHILD'S FULL NAME:

CHILD'S HEBREW NAME:

CHILD'S PREFERRED NAME:

HEBREW DATE OF BIRTH:

DATE OF BIRTH:

GENDER:

HOME ADDRESS:

POSTAL ADDRESS:



WORRIED ABOUT SCHOOL FEES? ASK US FOR A FEE REMISSION FORM SO WE CAN ASSIST YOU! DOES YOUR CHILD HAVE BARRIERS TO LEARNING OR SPECIAL EDUCATION NEEDS WHICH YOU NEED US TO ACCOMMODATE AS AN INCLUSIVE SCHOOL? ASK US FOR A LEARNING SUPPORT FORM!

FATHER'S NAME:

MOTHER'S NAME:

FATHER'S OCCUPATION:

MOTHER'S OCCUPATION:

FATHER'S WORK NO:

MOTHER'S WORK NO:

FATHER'S CELL NO:

MOTHER'S CELL NO:

FATHER'S EMAIL:

MOTHER'S EMAIL:

MARITAL STATUS OF BIOLOGICAL PARENTS:

REQUIRED MEDICATIONS (IF APPLICABLE):

NAME OF LAST SCHOOL CHILD ATTENDED:

MEDICAL AID (IF APPLICABLE):

LAST GRADE PASSED (IF APPLICABLE):

CHILD'S ALLERGIES (IF APPLICABLE):

DOES YOUR CHILD HAVE SIBLINGS?:

CHILD'S HEALTH (PLEASE FILL IN BELOW ANYTHING YOU FEEL THE SCHOOL SHOULD BE AWARE OF. IF YOUR CHILD HAS A DISABILITY, PLEASE COMPLETE A LEARNING SUPPORT FORM):

SIBLING 1 NAME:

SIBLING 2 NAME:

SIBLING 3 NAME:

CHILD'S DOCTOR NAME AND CONTACT:

CHILD'S DENTIST NAME AND CONTACT:



PERMISSIONS & AGREEMENTS

NOW FOR THE BORING PART!
PLEASE CAREFULLY READ THE
FOLLOWING AND SIGN IF YOU
AGREE.

IN CASE OF EMERGENCY, G-D FORBID, I GIVE
SINAI ACADEMY AND ITS EMPLOYEES MY
PERMISSION TO HAVE MY CHILD TRANSPORTED
TO THE NEAREST DOCTOR/DENTIST OR
HOSPITAL/CLINIC FOR EMERGENCY MEDICAL
CARE.

AS A PARENT OF THIS SCHOOL, I FORM A PART OF
THE SINAI COMMUNITY AND WILL ENDEAVOR TO
REPRESENT THE SCHOOL WELL AND COME
FORWARD WHEN I HAVE CONCERNS.

SINAI ACADEMY IS AN INCLUSIVE SCHOOL.
SHOULD THERE COME A TIME THAT MY CHILD
NEEDS REASONABLE ACCOMMODATIONS TO BE
MADE IF THEY ARE EXPERIENCING BARRIERS TO
LEARNING OR IF MY CHILD HAS SPECIAL
EDUCATION NEEDS, I WILL TO MY BEST ABILITY,
COOPERATE WITH THE SCHOOL EVEN IF THIS
INCLUDES AN ED PSYCH ASSESSMENT OR ANY
OTHER ASSESSMENT AT MY EXPENSE.

I WILL ALWAYS ENSURE I HAVE PAID MY CHILD'S
SCHOOL FEES AND IF I AM STRUGGLING, WILL
COME FORWARD AND COMMUNICATE THE
SITUATION.

SHOULD I WISH TO LEAVE THE SCHOOL, I WILL
GIVE ONE TERMS NOTICE. I MAY REMOVE MY
CHILD EARLIER BUT WILL BE RESPONSIBLE FOR
THE OUTSTANDING TERM FEE.

I GIVE PERMISSION FOR SINAI ACADEMY TO TAKE
PICTURES OF MY CHILD TO USE IN THE SCHOOL
NEWSLETTER AND FACEBOOK PAGE. THE
FACEBOOK PAGE IS A CLOSED GROUP



THANK YOU FOR YOUR PATIENCE IN COMPLETING THIS FORM. PLEASE RETURN THIS
TO THE SCHOOL VIA EMAIL AT ADMIN@SINAIACADEMY.CO.ZA, FAX AT 021 557 9522 OR
POP IN AND DROP IT OFF. IF YOU HAVE ANY QUESTIONS, PLEASE DON'T HESITATE TO
CONTACT US DIRECTLY AT 021 557 7560 OR EMAIL DIRECTOR@SINAIACADEMY.CO.ZA