



APPLICATION FOR ADMISSION AT SAN MICHELE

OFFICE USE DATE ADMITTED: _____ PARENT FEES: _____

APPLICATION FOR ADMISSION

APPLICANTS NAME: _____

APPLICANTS SURNAME: _____ GENDER:

MALE	FEMALE
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I.D. NO.: _____ AGE: _____

DATE OF BIRTH: _____

HOME LANGUAGE: _____

PREVIOUS SCHOOL/INSTITUTION: _____

REASON/S FOR APPLICATION: _____

IS THE APPLICANT ON MEDICAL AID?

YES	NO
-----	----

MEDICAL AID: _____ MED NO: _____

DOES THE APPLICANT HAVE A FUNERAL POLICY?

YES	NO
-----	----

FUNERAL COVER: _____ POLICY NO: _____

IF NOT, WHAT SHOULD THE PROCEDURE BE IN CASE OF DEATH?

PARTICULARS OF PARENT OR GUARDIAN

RELATIONSHIP TO THE APPLICANT: _____

FIRST NAME: _____ SURNAME: _____

OCCUPATION: _____ EMPLOYER: _____

CELL NO: _____ HOME NO: _____

WORK NO: _____

RESIDENTIAL ADDRES: _____

CONDITIONS OF HEALTH

DESCRIBE THE APPLICANTS GENERAL CONDITION OF HEALTH:

IS THE APPLICANT DIAGNOSED WITH ANY PSYCHIATRIC DISABILITY?

YES	NO
-----	----

IS HE/SHE TAKING MEDICATION?

YES	NO
-----	----

DOES THE APPLICANT SUFFER FROM EPILEPTIC FITS?

YES	NO
-----	----

PLEASE LIST PRESCRIBED MEDICATIONS:

HAS THE APPLICANT BEEN ADMITTED IN ANY HOSPITAL OF MENTAL ILLNESS?

YES	NO
-----	----

IF YES, WHICH HOSPITAL? _____

HAS THE APPLICATIONS HAD ANY OF THE FOLLOWING DISEASES?

MUMPS:

YES	NO
-----	----

MEASELS:

YES	NO
-----	----

WHOOPING COUGH:

YES	NO
-----	----

CHICKEN POX:

YES	NO
-----	----

OTHER: _____

ANY OPERATIONS? _____

HAS THE APPLICANT DISPLAYED AGGRESSION OR UNCONTROLLED BEHAVIOUR? (DESCRIBE):

TYPE OF AGRESSION, HOW DO YOU MANAGE IT?

MOTOR ACTIVITY i.e., normal, tics, restless, limping.

DOES THE APPLICANT HAVE OR SUFFER FROM ALLERGIES?

DESCRIBE THE APPLICANTS CURRENT DIET (E.G. SOFT, SALT FREE, WEIGHT):

FUNCTIONING LEVEL:

TASKS	Yes /No		Yes/No	
	SELF:		AID:	
WASHING	SELF:		AID:	
DRESSING:	SELF:		AID:	
GROOMING:	SELF:		AID:	
FEEDING:	SELF:		AID:	
MOBILITY:	SELF:		AID:	
TOILETING	SELF:		AID:	

IS THERE ANY OTHER MATTERS WHATSOEVER THAT YOU FEEL MAY BE RELEVANT TO THE PROPOSED APPLICANTS' ADMITTANCE OR WELFARE?
