

# WALVIS BAY PRIVATE SCHOOL

## DEVELOPMENT HISTORY GRADE R APPLICANTS



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<b>APPLICATION FOR YEAR</b>		<b>APPLICATION FOR GRADE</b>	
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<b>Enrollment Number</b>		<b>Family Code/Account Number</b>	
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<b>NAME OF LEARNER</b>			
<b>SURNAME</b>			
<b>CURRENT AGE</b>	<b>YEARS</b>		<b>MONTHS</b>
<b>GENDER</b>	<b>MALE</b>		<b>FEMALE</b>
<b>Home language mother uses with the applicant</b>			
<b>Home language father uses with the applicant</b>			

<b>PREVIOUS DAY CARE</b>			
Year(s) attended the day care	FROM		TO
Language of instruction at the day care			

<b>PREVIOUS PRE-PRIMARY</b>			
Year(s) attended the pre-primary	FROM		TO
Language of instruction at the pre-primary			

<b>POSITION IN FAMILY:</b>	
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Name of Brother/Sister	Gender of Brother/Sister	Age of Brother/Sister
1.		
2.		
3.		
4.		

<b>HISTORY OF DEVELOPMENT FROM DATE OF BIRTH:</b>
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Natural conception	YES	NO	Assistant Conception	YES	NO
<b>BIRTH HISTORY:</b>					
NORMAL	YES	NO	CAESAREAN	YES	NO
Phase:	Months:	Weeks:	Phase:	Months:	Weeks:

Duration of birth process: _____ Any complications: _____ Incubator: YES/NO Time in incubator: _____ Reason: _____ Assistance with breathing: YES/NO Was oxygen applicate: YES/NO	Elective Caesarean <input type="checkbox"/> Emergency Caesarean <input type="checkbox"/> If emergency caesarean, please state reason: _____ Incubator: YES/NO Time in incubator: _____ Reason: _____ Assistance with breathing: YES/NO Was oxygen applicate: YES/NO
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APGAR: 1 ...../10	2 ...../10
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Country in which your child was born? \_\_\_\_\_

Hospital in which your child was born? \_\_\_\_\_

Who was your child's doctor at birth? \_\_\_\_\_

Birth weight: \_\_\_\_\_

Head Circumference: \_\_\_\_\_

Length Head to Feet: \_\_\_\_\_

### FEEDING HISTORY:

Breast feeding:	YES	NO	Bottle feeding:	YES	NO
From: _____			From: _____		
To: _____			To: _____		
When did Mom returned to work? _____					

### HISTORY OF THE EYES:

Did your child have Jaundice?	YES	NO
Did he/she receive treatment under ultra violet rays?	YES	NO
Duration of treatment: _____		

### HISTORY OF THE EARS:

Ear infection(s)?	YES	NO
Was it a recurring ear infection?	YES	NO
Was it treated successfully?	YES	NO
Any other infections? _____		
Did your doctor refer you to: Ear/Nose/Throat Specialist? _____		
Please state the specialist name: _____		

## DEVELOPMENTAL HISTORY:

At what age did your child sit without support? \_\_\_\_\_

At what age did your child start to crawl? \_\_\_\_\_

How long did he/she crawl? \_\_\_\_\_

How did he/she crawl? \_\_\_\_\_

When did he/she start walking without support? \_\_\_\_\_

Did you make use of a jolly jumper? \_\_\_\_\_

Did you make use of a walking ring? \_\_\_\_\_

## LANGUAGE HISTORY:

At what age did he/she start talking words? \_\_\_\_\_

Did he/she stutter and at what age? \_\_\_\_\_

Did he/she lisp and at what age? \_\_\_\_\_

When did your child start using sentences consisting of three (3) words or more? \_\_\_\_\_

## LEARNER MEDICAL HISTORY:

Are there any physical disabilities, illnesses or allergies the school should be aware of?

Kindly elaborate: \_\_\_\_\_

	Condition	Medication
<b>Allergies:</b> (Peanuts, bee stings, etc.)		
<b>Chronic Illnesses:</b> (Diabetes, epilepsy, etc.)		
<b>Medical Conditions:</b> (Pulmonary stenosis, muscular dystrophy, cerebral palsy, etc.)		

**Disabilities:**

(Hard of hearing, partially sighted, autistic spectrum disorder, ADHD, etc.)

Has your child ever required remedial, occupational, and kinesthetic or physiotherapy? If YES, please supply/attach evaluations and reports: YES  NO

Any childhood illness: Mumps  Measles  Chicken Pocks  Rubella

Other Please elaborate \_\_\_\_\_

Are there any other confidential information that we must know about?

\_\_\_\_\_  
\_\_\_\_\_

I have read and understood the content of this application form and all relevant information submitted by me is correct. I have omitted no relevant information. I further undertake to submit my child and me to the rules and regulations as set by the school's directors.

We require the signatures of both parents'/guardians'

Father: \_\_\_\_\_ (Full name & Surname) \_\_\_\_\_

Mother: \_\_\_\_\_ (Full name & Surname) \_\_\_\_\_

Date: \_\_\_\_\_