



Parkland Special School

PO Box 15405, Beacon Bay, East London 5205 Coad Road, Beacon Bay, East London
Telephone: 043 748 5749 Fax: 043 748 5750 Email: parklandspecialschool@gmail.com

02 August 2022

PLEASE NOTE THE FOLLOWING REQUIREMENTS WHEN APPLYING FOR YOUR CHILD.

AGE OF LEARNER

1. If a learner has already turned 14, new applications are not accepted.
2. If a learner is already enrolled at another Government owned Special School outside of the Buffalo City Metro District, It is regarded as a Transfer and the age limit does not apply.

CERTIFIED COPIES OF DOCUMENTS THAT MUST BE SUBMITTED BY ALL APPLICANTS

1. Birth Certificate
2. Identity Documents of parents/guardians (SA Citizens)
3. Valid Passport and Study Permit (Non-SA Citizens)
4. Clinic Card
5. Proof of Residence (Acknowledgment of Address by Ward Councillor OR Municipal Account)
6. ID Colour photo (x1) (Not certified)

CHILDREN WHO HAVE NEVER BEEN IN A SCHOOL BEFORE

1. You do not need to bring a Report (Scholastic Assessment) by an Educational Psychologist. This is required only if your child has been exposed to formal schooling.
2. You also do not need to submit a Support Needs Assessment (SNA) form as this form is completed by a class teacher.
3. You will not need to submit a school report either.
4. You will, however, need a medical report detailing the diagnosis of your child from a Paediatrician or Medical Practitioner.
5. If you do have additional reports, e.g. Occupational, Physio or Speech Therapy, they can be submitted as secondary reports.

LEARNERS WHO ARE OR HAVE BEEN AT A SCHOOL BEFORE

1. You will need to submit the latest School Report as well as a Support Needs Assessment (SNA) form.
2. You also need to submit a Scholastic Assessment conducted by an Educational Psychologist as the Primary Report.
3. If you do have additional reports, e.g. Occupational, Physio or Speech Therapy, they can be submitted as secondary reports.

LEARNERS WHO LIVE OUTSIDE OF THE BUFFALO CITY METRO DISTRICT

1. You need submit a letter/form from the District Education Department in which your child resides, requesting placement for your child at this school.

Thank you,

ADMISSION COMMITTEE



'together we can'




PO Box 15405, Beacon Bay, East London 5205 Coad Road, Beacon Bay, East London
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Dear Prospective New Parent/Guardian

PLEASE NOTE THAT THE FOLLOWING DOCUMENTS MUST ACCOMPANY THIS APPLICATION FOR ADMISSION FORM

1.	A certified copy of child's Birth Certificate/Identity document
2.	Immigrants/Foreigners to submit a valid Passport and Study Permit
3.	Certified copies of the Identity documents of each parent or guardian
4.	Certified copy of the Identity document of person responsible for the payment of fees (if not the parent)
5.	One recent ID colour photo of child
6.	Clinic card
7.	If the child is currently at school, then certified copies of the most recent academic reports, with the school's name and contact details clearly indicated
8.	Scholastic Assessment by an Educational Psychologist
9.	Any other relevant reports, i.e. Medical Practitioner, Physiotherapist, Occupational Therapist and/or Referral from Hospital, etc
10.	Proof of residence (Municipal account – if account is not in your name, then account holder must provide affidavit)
11.	SNA (to be completed by your child's current school)
12.	Form DBE 123a
13.	All out of District Applications should be channelled through the District Office where the child attends school or resides

Yours In Education


 Mrs. L. Harnoster
 Principal




 Mrs. J. Karan
 Admissions Coordinator

PARKLAND SPECIAL SCHOOL

For Learners with Special Educational Needs

APPLICATION FOR ADMISSION

PUPIL'S DETAILS:

SURNAME:		
FULL NAMES:		
DATE OF BIRTH:	PLACE OF BIRTH:	
IDENTITY NUMBER:	GENDER:	
MOTHER TONGUE:	ETHNIC GROUP:	
DOES CHILD UNDERSTAND INSTRUCTIONS GIVEN IN MOTHER TONGUE:	YES	NO
IF NOT SOUTH AFRICAN, WHAT NATIONALITY?		
ADDRESS: Residential:		
ADDRESS: Postal:		
TELEPHONE NUMBER:		
Please circle the relevant answer:		
EATING	No support needed/Low level of support/High level of support	
DRESSING	No support needed/Low level of support/High level of support	
TOILET	No support needed/Low level of support/High level of support	
Please circle the relevant answer:		
MOBILITY Can run/can walk/can crawl/dependent on assistive devices/ In a wheelchair		

PARENT'S DETAILS:

FATHER:

SURNAME:	
FULL NAMES:	
IDENTITY NUMBER:	
ADDRESS: Residential:	
ADDRESS: Postal:	
TELEPHONE #	Home:
	Cell:
	Fax:
OCCUPATION:	
EMPLOYED BY:	
EMPLOYERS' ADDRESS	
Telephone#	
Fax #	

MOTHER:

SURNAME:	
FULL NAMES:	
IDENTITY NUMBER:	
ADDRESS: Residential:	

ADDRESS: Postal:	
TELEPHONE #:	Home:
	Cell:
	Fax:
OCCUPATION:	
EMPLOYED BY:	
EMPLOYER'S ADDRESS	
Telephone #	
Fax:	

SIBLINGS:

NUMBER OF CHILDREN IN THE FAMILY:	
HE/SHE IS NUMBER:	
PLEASE LIST NAMES AND AGES:	
1. _____	Date of birth: _____
2. _____	Date of birth: _____
3. _____	Date of birth: _____
4. _____	Date of birth: _____
5. _____	Date of birth: _____

PREVIOUS SCHOOLS:

PLEASE LIST PREVIOUS SCHOOLS ATTENDED (INCLUDING PRE-SCHOOLS):	
NAME OF SCHOOL	LANGUAGE OF INSTRUCTION
1.	
2.	
3.	
Highest standard passed, if mainstream school:	
Last Phase, if school for S.M.H.	

MEDICAL INFORMATION:

ALLERGIES:
MEDICATION TAKEN BY CHILD:
DOES HE/SHE SUFFER FROM EPILEPSY?
HAS HE/SHE ANY GENETIC DEFECTS?
ARE ALL IMMUNISATIONS UP TO DATE? (Please include Clinic Card)
PLEASE UNDERLINE ANY OF THE FOLLOWING DISEASES THAT YOUR CHILD HAS HAD: Measles, German Measles, Whooping Cough. Mumps, Chicken Pox, Hepatitis
FAMILY DOCTOR: NAME: _____ TEL NO: _____
SPECIALIST: NAME: _____ TEL NO: _____

MEDICATION BEING TAKEN AT PRESENT:

NAME OF MEDICATION: _____

PURPOSE: (Epilepsy/tranquilliser, etc) _____

DOSAGE: _____

CONSENTS:

CONSENT FOR PHOTOGRAPHS: (Please underline)

1. I hereby **GIVE MY CONSENT/DO NOT GIVE MY CONSENT** to have my child _____ (name of child) photographed, either for publication or display purposes, or videoed in any activities associated with the school.

2. I also **GIVE MY CONSENT/DO NOT GIVE MY CONSENT** that he/ may be named in any publication.

SIGNATURE: _____

DATE: _____

PERMISSION TO TRAVEL IN STAFF CARS:

In the past, due to transport problems, it has been necessary for members of staff to use their own transport to convey pupils. Please note that staff are covered for this eventuality in terms of our insurance policy.

- I have no objection to my child being conveyed in the vehicle belonging to a member of staff**

- I would prefer it if my child was not conveyed in a staff vehicle**

SIGNATURE: _____

DATE: _____

SCHOOL FEES:

I understand that the payment of school fees is compulsory and agree to pay by the end of the first week of each month, starting February and ending November. I further hereby accept personal responsibility for the punctual payment of such school fees by appending my signature hereunder. (Please note that any deviation from this arrangement can only be sanctioned by the Governing Body).

Signature of parent/legal guardian _____

INDEMNITY:

Although I am aware of the fact that educators/school staff members will be responsible for the transportation of children and will take all reasonable steps to prevent any injury or accident from taking part in activities of when he/she is a passenger in any transport arranged by the school, I will not hold the principal, any member of staff of the abovementioned school, the Governing Body, the Eastern Cape Department of Education or the Department of Education (National) responsible for damages arising from injury or permanent disability which my child may suffer as a result of his/her taking part in activities or when he/she is a passenger in any transport arranged by the school.

SPORT:

Please indicate whether you would like your child/ward to take part in sport: (please tick the correct statement)

YES, I have no objection to my child taking part in sport _____

NO, I do not want my child/ward to take part in sport _____

If your answer is NO, please give a reason why:

Signature of parent/legal guardian _____

GRANTS:

What is your relationship to the child? (Parent, grandmother, aunt, foster parent, etc) _____

Where are the child's legal parents? Father _____
(If not filling in this questionnaire) Mother _____

Does the child receive a grant? _____

What kind of a grant? _____

DECLARATION:

I, (full name of parent/guardian) _____

hereby declare that all the above information is accurate, to the best of my knowledge.

SIGNATURE: _____

DATE: _____

YOUR APPLICATION WILL ONLY BE CONSIDERED IF THE FOLLOWING ITEMS ACCOMPANY THE APPLICATION FORM:

- i. Certified copy of birth certificate/identity document
- ii. Recent photograph
- iii. Clinic card

(Please also include any relevant reports; school, psychologist, doctor, hospital)

FOR OFFICE USE:

ADMISSION NUMBER:

DATE OF ADMISSION:

APPLICATION FOR ADMISSION TO SCHOOL

PARKLAND SPECIAL SCHOOL

1 COAD ROAD
EAST LONDON
5241

Telephone: 043 - 7485749
Fax: 043 - 7485750
Year: _____

Note: This form must be completed in full. All changes to be initialed or signed by parent / guardian. Completing the form does not necessarily mean that the learner has been accepted into the school.

Grade Applied For:	Highest Grade Passed	Year When Grade was passed:	Accession No:
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Surname:	Initials:	Nick Name:
First Name:	Other Names:	
Date Of Birth: YYYY	MM	DD
Race:	Gender: Male: Female:	
Country of Residence:	Identification or Passport No:	
If SA, indicate province of residence:	Citizenship:	

Physical Address:	Home Telephone:
City/Suburb	Emergency Telephone:
Code:	Learner Cell:
Learner Email Address:	
Home Language:	Preferred Language of Instruction
Boarder Yes No	Mode of transport:
Deceased Parent Mother Father Both	Religion:
For Grade 1 only: Indicate pre-primary education None Non Formal Formal	

Previous School Information

Name of Previous School:
Previous School Address:
Code: Province: Country:

Learner Medical Information

Medical Aid Number:	Medical Aid Name:
Medical Aid Main Member:	Doctor Name:
Doctor's Address:	Doctor Telephone Number:
Medical Condition:	
Special Problems Requiring Counseling:	
Dexterity of Learner: Right Handed Left Handed Ambidextrous	Reg. Social Grant YES NO
	Rec. Social Grant YES NO

the learner is accepted, the following documents must be submitted to the school:

1. Copy of Immunisation Records. Progress Report from Previous School	2. Copy of Birth Certificate 4. Transfer Letter from Previous School
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APPLICATION FOR ADMISSION TO SCHOOL

Siblings

Number of other Children at this school:	<input type="text"/>	Position in the family (e.g first):	<input type="text"/>
Please supply full names below:			
Name:	<input type="text"/>	Grade:	<input type="text"/>
Name:	<input type="text"/>	Grade:	<input type="text"/>
Name:	<input type="text"/>	Grade:	<input type="text"/>

Parent / Guardian Information Complete a SEPARATE parent form for each parent living at a different physical address

Title:	<input type="text"/>	Initials:	<input type="text"/>	Surname:	<input type="text"/>
First Name:	<input type="text"/>	Gender:	Male: <input type="checkbox"/>	Female: <input type="checkbox"/>	
Home Language:	<input type="text"/>	Race:	<input type="text"/>		
Identification Number:	<input type="text"/>	Or Passport number	Account Payer:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Residential Street Address:					
			City/Suburb	<input type="text"/>	Code:
Occupation:	<input type="text"/>	Employer:	<input type="text"/>		
Surname of Spouse:	<input type="text"/>	First Name:	<input type="text"/>		
Occupation of Spouse:	<input type="text"/>	Learner resides with this parent/s	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Spouse ID Number:	<input type="text"/>	Relationship to Learner:	<input type="text"/>		
Marital status of parent:					

Correspondence Details

Title:	<input type="text"/>	Surname:	<input type="text"/>
Postal Address:			
			Code:

Other Contact Details

Home Telephone	<input type="text"/>	Work Telephone	<input type="text"/>
Fax Number :	<input type="text"/>	Cell Number :	<input type="text"/>
Spouse Work Telephone Number:	<input type="text"/>	Spouse Call Number :	<input type="text"/>
E-Mail Address:	<input type="text"/>	Spouse E-Mail Address:	<input type="text"/>

hereby declare that to the best of my knowledge, the above information as supplied is accurate and correct.

Name of Parent / Guardian (Please Print) : _____

Signature of Parent / Guardian _____

Date: _____/_____/_____

Office use only:

1. Date:	2. Accepted:	3. Accession Number:
4. Rejected:	5. Reason for Rejection:	
6. Documentation Received:	6a Immunisation Record:	6b. Birth Certificate:
7c. Progress Report from Previous School:	6d. Transfer Letter from Previous School:	

PARKLAND SPECIAL SCHOOL

POLICY AND PROCEDURES FOR ADMISSION OF LEARNERS

1. INTRODUCTION

Parkland Special School adopt a policy that is considered

- Fair
- Feasible
- Accountable
- Transparent
- Within the framework of the Constitution of South Africa
- Within National and Provincial guidelines and policies

2. LANGUAGE OF LEARNING AND TEACHING

- 2.1 As learners with Intellectual handicaps find the process of learning difficult, research has indicated that they be taught in their mother tongue, as both receptive and expressive language is a primary problem area.
- 2.2 The Language of Learning and Teaching (LOLT) is **ENGLISH** as voted for by the multi-cultural parent community of the school.

3. CONSIDERATION WILL THEREFORE BE GIVEN TO:

Learners from the **ages 6 to 18 years of age,**

Provided that:

- They meet the criteria for admission.
- That adequate space is available, bearing in mind the fact that the school has been build according to Departmental specifications to accommodate no more than 271 SID (Severely Intellectually Disabled) learners and further bearing in mind the fact that the Governing Body has agreed to limit the number of admissions to the school to ensure that numbers are kept below this level unless additional classrooms and staff are provided by the Department of Education.
- That adequate facilities are available to meet their specific needs.
- That teaching, non-teaching and support staff are adequate to meet their special needs.

4. CRITERIA FOR ADMISSION

- 4.1 Learners are from the ages 6 to 18 years of age.
- 4.2 Preference will be given to learners residing in the Buffalo City Metro: Coastal Education District.
- 4.3. Learners have an acceptable understanding of the English language so as not to create a further barrier to learning.
- 4.4 Parents have submitted all required documentation for fair assessment and decision for placement to be made.
- 4.5 The learner can participate in, and derive maximum benefit from the curriculum adaptations and facilities offered by the school.
- 4.6 The learner has acceptable levels of behaviour control, as there is no support staff available at the school to assist with behaviour modification programmes.
- 4.7 The learner will not place learners already enrolled in the school at risk, through violent or uncontrolled behaviour.
- 4.8 Parents have been furnished with a copy of the school admission policy, understand the contents and have accepted and signed a copy thereof.

It must be noted:

- Learners who are found to be suitable candidates in terms of the criteria and are in need of the services of our school will be admitted on a first come "first applied" basis.
- Learners that have already attained the age of 14 years as "first time" applicants to Parkland Special School, will not be considered for admission (Interim Provincial Policy) unless as a direct transfer from a similar school in another District or Province owing to the relocation of their parents/guardians.
- Where more than one application is received at the same time, the following priority list will be considered in the following order of preference:
 1. Learners who are already attending a similar school with a similar language policy whose parents relocate to the city from other towns, districts or Provinces.
 2. Learners who are as yet not placed at any centre of learning.
 3. Learners who are in a school for learners with barriers to learning catering for another category of disability who have been found to be in need of our services.
 4. Learners who are in the mainstream awaiting correct placement.
 5. Learners from outside the Buffalo City Metro: Coastal Education District (provided the correct channels have been followed).
 6. Learners who meet the criteria for admission and are presently correctly placed at suitable schools for their barriers within the Buffalo City Metro: Coastal Education District, but who choose to move to Parkland Special School.

5. PROCEDURES TO BE FOLLOWED

For learners to be admitted to Parkland Special School, the following procedures are to be followed:

Responsibilities of the parent/guardian

- To come to the school and obtain application forms.
- To see that all documents are correctly filled in, signed and returned to Parkland Special School.
- To ensure that all required documentation is submitted when requested. Please note that the application process will not continue until such necessary documentation is furnished as a decision regarding admission cannot be made unless all required documents are available.
- To attend interviews and information meeting when requested.

Responsibilities of the school

- To hand out application forms on the request of the parent.
- To inform parents of outstanding documents that are still needed.
- To receive and record completed documents.
- To be responsible for safekeeping of all documentation until such time as the District Based Support Team meets.
- To hold an information meeting with all interested parents and prospective learners quarterly.
- To draw up a list of all completed applications for admission and forward all files to the School Based Support Team for their written recommendations.
- To ensure that the School Based Support Team arranges a meeting with the District Based Support Team to hand over their recommendations and get a written decision from the District Based Support Team concerning each child on the list for that quarter.
- To keep a written copy of the decisions made by the District Based Support Team.
- To notify parents of decisions in writing and give relevant information and channels to follow should the need be.
- To admit identified learners if space is available.
- To waitlist identified applicants if space is presently not available.
- The school reserves the right not to allow an enrolment of more than 271 learners, unless additional classrooms and staff have been provided by the Department of Education as set out above.

6. DISCHARGE

Age

Learners will have the opportunity to attend school until the end of the year in which they turn 18 years of age (although compulsory schooling is until the end of the year in which the learner turns 15 years of age).

Other reasons for discharge

- As per attached Departmental Form ECDE/LSEN/12.
- As per disciplinary procedures as contained in the SA Schools Act.

APPROVED ON BEHALF OF THE GOVERNING BODY (MEETING HELD ON 26 FEBRUARY 2019)



M. MTONGANA
CHAIRPERSON: SGB

13/3/2019

DATE



PARENTS:

I, _____ (name of parent) have read, understand and agree with the contents of this policy.

I have initialled each page as required.

Name of child _____

Name of parent/guardian
(please print) _____

Signature of parent/guardian _____

Date _____

ANNEXURE A1

REQUEST BY PARENT/LEGAL CAREGIVER FOR PLACEMENT/TRANSFER OF LEARNER TO A RESOURCE CENTRE/SPECIAL SCHOOL TO ACCESS A HIGH-LEVEL SPECIALIST SUPPORT PROGRAMME

(This section must be completed by the Parent/Legal Caregiver/Guardian)

I,.....the Parent/Legal Caregiver/Guardian of (initials and surname)
..... who is at present attending the (name and surname of learner)
.....(school), request the Department of Education to transfer my
child to.....(resource centre/special school/programme)for the purpose of
.....

I agree that the said child may remain in the identified school/programme for as long as this level of support is needed.
I realise that filling in this form does not guarantee placement in a Special School/Resource Centre.

..... 20 / /

Signature of Parent/Legal Caregiver

Date

Witnesses 1. 2.