

# LSEN Unit Application Form

**Please complete this form in full, using black ink, then sign, scan and return it by email, along with the supporting documentation listed at the end of this application form to [info@eden-academy.co.za](mailto:info@eden-academy.co.za):**

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## LEARNER DETAILS

1. Surname: \_\_\_\_\_
2. First Names: \_\_\_\_\_
3. Preferred Name: \_\_\_\_\_
4. Religion: \_\_\_\_\_
5. Home Language: \_\_\_\_\_
6. Gender:                      Male \_\_\_\_\_                      Female \_\_\_\_\_
7. Date of Birth DD/MM/YY: \_\_\_\_\_
8. ID Number: \_\_\_\_\_
9. Current Grade: \_\_\_\_\_
10. Current School: \_\_\_\_\_
11. Grade applying for: \_\_\_\_\_
12. Start Date DD/MM/YY: \_\_\_\_\_

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## **SPECIFIC INFORMATION REQUIRED FOR APPLICATION TO THE LSEN UNIT**

Typically we consider learners with an average to high IQ, who demonstrate a reasonable potential to develop the ability and confidence required to integrate back into a mainstream learning environment within a 2-3 year timeframe. The Eden Academy LSEN Unit is structured to provide learners with a more hands-on teaching approach supported by a tailored therapy programme, whilst promoting interaction and inclusion with mainstream social, cultural and sporting events.

Accordingly, Eden Academy strives to foster and sustain a calm and nurturing environment, where learners are able to grow their confidence and capabilities academically, socially and on the sports field, whilst upholding and serving the rights and interests of the entire school community.

## **The Eden Academy Application Assessment Process**

1. Complete and submit the signed Application Form and Supporting Information.
2. Once we have received all of the Application Documentation and the POP for the Administration Fee, we will schedule a Parent and Child meeting with our School Principal.
3. Based on the outcome of the Parent and Child meeting, our School Principal will advise which assessments may be required to complete the application procedure.
4. These may include a combination of the following assessment reports:
  - An Intellectual Assessment;
  - A Scholastic Skills Assessment;
  - A Speech Therapy Assessment;
  - An Occupational Therapy Assessment.
5. Once we have received the required assessment reports, the Admissions Committee will review and decide whether Eden Academy is a suitable school for your child. The committee may well call upon the child's current teacher to attend a meeting and provide verbal feedback.
6. Based on the committee's decision, we may at this time request that we conduct an observation of your child in their current school setting, where we can observe the child in a natural, learning environment.

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7. Once we are confident that your child will benefit from a placement at Eden Academy, and we have confirmed that there is sufficient space, your child will be offered a place at Eden Academy.
8. If we are unable to confirm a placement for your child at Eden Academy due to space constraints, we will offer your child a place on the waiting list until we can confirm placement or the application may be denied and alternative schools recommended.

**Please continue overleaf / ...**

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**Please consider the following questions carefully, and answer as transparently and accurately as possible, as they have a direct bearing on the assessment process and the ability of our Admissions Committee to reach the correct decision regarding the placement of your child.**

1. Please indicate which difficulties your child is currently experiencing:

Reading		Aggression		Anxiety	
Spelling		Temper Outbursts		Fearful	
Comprehension		Poor Concentration		Dependant	
Language		Auditory Processing		Weepy	
Mathematics		Sensory Processing		Irritable	
Memory		Hyperactive		Mood Swings	
Planning		Hypoactive		Low Self-Esteem	
Organising		Attention		Impulsivity	
Social Communication		Rigidity		Repetitive Behaviours	
Other		<i>Pls specify:</i>			

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2. Has your child been diagnosed with a Specific Learning Disorder, Behavioural or Neurodevelopmental Disorder:

Diagnosis	Mild	Moderate	Severe
ADHD: Inattentive			
ADHD: Hyperactive/Impulsive			
Autism Spectrum Disorder			
Dysgraphia (Disorder of Written Expression)			
Dyslexia (Reading Disorder)			
Dyscalculia (Numeracy Disorder)			
Expressive Language Disorder			
Dyspraxia (Developmental Coordination Disorder)			
Oppositional Defiant Disorder			
Anxiety Disorder			
Mood Disorder			
Other:			

3. Please provide a detailed description of any other difficulties your child is currently experiencing at school, or at home or in a social environment:

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4. Looking back, can you think of any contributing factors that may have triggered these symptoms in your child?

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5. Hand dominance: \_\_\_\_\_ Foot dominance: \_\_\_\_\_

6. Specific medical conditions: \_\_\_\_\_

7. Chronic illness(es): \_\_\_\_\_

8. Current medication: \_\_\_\_\_

9. Allergies to medicine: \_\_\_\_\_

10. Allergies to food: \_\_\_\_\_

11. Recent operation(s): \_\_\_\_\_

12. Recent hospitalisation: \_\_\_\_\_

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## PARENT DETAILS

1. Surname (Father / Guardian): \_\_\_\_\_  
*Strike through as appropriate*
2. First Names (Father / Guardian): \_\_\_\_\_  
*Strike through as appropriate*
3. Surname (Mother / Guardian): \_\_\_\_\_  
*Strike through as appropriate*
4. First Names (Mother / Guardian): \_\_\_\_\_  
*Strike through as appropriate*
5. Marital Status:            single   married   separated   divorced   widowed  
*Circle as appropriate*
6. Postal Address:  

Father _____	Mother _____
_____	_____
_____	_____
_____	_____
7. Physical Address:  

Father _____	Mother _____
_____	_____
_____	_____
_____	_____
8. ID Numbers:  

Father _____	Mother _____
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## 9. Phone Numbers:

Father \_\_\_\_\_ Mother \_\_\_\_\_

Cell: \_\_\_\_\_ Cell: \_\_\_\_\_

Home: \_\_\_\_\_ Home: \_\_\_\_\_

Work: \_\_\_\_\_ Work: \_\_\_\_\_

## 10. Email Address:

Father \_\_\_\_\_ Mother \_\_\_\_\_

## 11. Employment Details:

Father \_\_\_\_\_ Mother \_\_\_\_\_

*Company Name*

*Company Name*

*Phone Humber*

*Phone Number*

## 12. Emergency Contact Details:

a. Name of Person: \_\_\_\_\_

b. Relationship: \_\_\_\_\_

c. Cell Phone Number: \_\_\_\_\_

d. Home Number: \_\_\_\_\_



# LSEN Unit Application Form

## SCHOOL ACCOUNT - PAYMENT DETAILS

### 1. Details of Account Holder:

- a. First Name: \_\_\_\_\_
- b. Surname: \_\_\_\_\_
- c. ID Number: \_\_\_\_\_
- d. Cell Phone: \_\_\_\_\_
- e. Work Phone: \_\_\_\_\_
- f. Email Address: \_\_\_\_\_

### 2. Address:

Physical	_____	Postal	_____
	_____		_____
	_____		_____
	_____		_____

3. Invoice Delivery:      email      snail mail      *Circle as appropriate*

### 4. Employment Details:

- a. Company Name: \_\_\_\_\_
- b. Telephone: \_\_\_\_\_
- c. Address: \_\_\_\_\_

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5. Residence Details:      owned              rented              *Circle as appropriate*

6. Bonded:                      Yes                      No                      *Circle as appropriate*

7. Bank Details

a. Bank Name: \_\_\_\_\_

b. Branch Code: \_\_\_\_\_

c. Account Type: \_\_\_\_\_

d. Acc Number: \_\_\_\_\_

I hereby authorise Eden Academy to make use of the information contained herein to investigate my creditworthiness and to obtain such other information as may be necessary to evaluate my creditworthiness. This may include information being requested from any registered credit bureau in order to conduct a credit assessment or affordability assessment.

I/we hereby declare that the information provided in this application form is true and accurate to the best of my/our knowledge, and I/we undertake to inform Eden Academy of any changes therein, immediately. I/we understand and agree unconditionally that Eden Academy reserves the right to terminate this application process or future admission of my/our child, with immediate effect, should there be any false information that compromises the interests of the school and its stakeholders.

By completing this application I/we acknowledge that my/our child's acceptance into Eden Academy is solely at the discretion of the school Principal and amongst other factors is conditional upon:

1. There being sufficient space at Eden Academy;
2. My/our child passing any required entrance assessments;
3. The school assessing my/ our creditworthiness to its satisfaction;
4. Full payment of the Non-Refundable Administration Fee.

# LSEN Unit Application Form

**Please check that you have attached the following supporting documents to your application submission and email them with your completed and signed application form to [info@eden-academy.co.za](mailto:info@eden-academy.co.za):**

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## SUPPORTING DOCUMENTS

- |  |                       |
|--|-----------------------|
| 1. A certified copy of the child's unabridged birth certificate    | _____                 |
|  | <i>Attached - Yes</i> |
| 2. A certified copy of your child's two most recent school reports | _____                 |
|  | <i>Attached - Yes</i> |
| 3. Your current school's fee statement for the previous 12-months  | _____                 |
|  | <i>Attached - Yes</i> |
| 4. A copy of your Administration Fee Proof of Payment (POP)        | _____                 |
|  | <i>Attached - Yes</i> |

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## PARENT / GUARDIAN SIGNATURES

Signature (Father / Guardian): \_\_\_\_\_ Date: \_\_\_\_\_

Signature (Mother / Guardian): \_\_\_\_\_ Date: \_\_\_\_\_

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**Please use the following Banking details for all EFT payments:**

**Account Name:** Eden Academy

**Bank:** FNB

**Bank Account Number:** 62825188297

**Branch Code:** 210554

**Reference:** Initials, Surname and DOB (ddmmyy)

**Please email the proof of payment to:** [info@eden-academy.co.za](mailto:info@eden-academy.co.za)