



ENROLMENT **BOOKLET**



*To a valiant heart,
nothing is impossible*

CHILD'S DETAILS

Surname of Child: _____

First Names: _____

Age: _____

Date of Birth: _____

Country of Birth: _____

Nationality: _____

Religion: _____

Sex: _____

Names of siblings at Telfair: _____

Date of Entry to TIPS: _____

Known date of Departure : _____

Home address: _____

Telephone Number: _____

FATHER'S DETAILS

Father's Name: _____

Nationality: _____

Father's Occupation: _____

Employer: _____

Work number: _____

Cell: _____

E Mail: _____

Mother's Name: _____

Nationality: _____

Mother's Occupation: _____

Employer: _____

Work number: _____

Cell: _____

E Mail: _____

GUARDIAN'S DETAILS (IF APPLICABLE)

Guardian's Name: _____

Nationality: _____

Guardian's Occupation: _____

Employer: _____

Work number: _____

Cell: _____

E Mail: _____

EMERGENCY CONTACTS (IF PARENTS ARE UNAVAILABLE)

Name: _____

Name: _____

Tel: (Office) _____

Tel: (Office) _____

Tel: (Home) _____

Tel: (Home) _____

Relationship to Child: _____

Relationship to Child: _____

Child's Doctor : _____

Child's Dentist : _____

FAMILY HISTORY OF CHILD

Any other children in the family:

Name:

Age:

Marital Status (Parents): _____ (specify if single, married, divorced, or separated)

If divorced or separated, please state arrangements for custody:

Mother: _____ Father: _____ Joint: _____

Others: _____

Who is allowed to drop/collect child at school?

Mother: _____ Father: _____ Joint: _____

Others: _____

To whom should the reports be sent? _____

Who is responsible for the payment of fees? _____

CHILD'S LANGUAGE BACKGROUND INFORMATION

Child's current level of English:

New to English: _____ Familiar with English: _____
Confident user of English: _____ Fluent user of English: _____

What languages does your child speak: _____
Which is your child's dominant language? _____

Which language does your child speak with the following people?

Mother: _____
Father: _____
Mother and Father together: _____
Siblings: _____
Grandparents: _____

At what age did your child start speaking English: _____
What has been your child's instructional language (s) _____
Can your child read in English? _____ Can your child write in English? _____

Please add any other information related to your child's language that might be helpful in planning his/her language programme: _____

To help with the optimal placement of your child, please indicate as accurately as possible if your child has ever received help or support from any of the following:

Learning Support Teacher/ Special needs teacher	Yes/No
Speech Pathologist	Yes/No
Has your child ever had an Individual Educational Plan?	Yes/No
Has your child ever had a Psycho-Educational Assessment?	Yes/No
Has your child previously needed a full-time individual learning assistant?	Yes/No
Psychologist	Yes/No
Counsellor or Therapist	Yes/No
Occupational Therapist	Yes/No

If you have answered yes to any of the above, please give details and attach documentation:

Has your child ever had a diagnosis of :

Language Delay	Yes/No
Developmental Delay	Yes/No
ADHD/ADD	Yes/No
Learning Disability	Yes/No
Does your child take any medication to aid concentration E.g. Ritalin or any other related medicines?	Yes/No

Has your child ever been placed out of his/her age group? If yes, please comment:

Do you have any concerns regarding your child's ability to learn? If yes, please comment:

Other: (Please specify) _____

Does your child possess any special skills or interests? (Music, ICT, Sports, Art, etc)

MEDICAL RECORD

Were there any difficulties during the birth of your child? Yes/No

If yes, please give details. _____

Has your child been severely sick? Yes/No

If yes, please give details. _____

Has your child had any major operations? Yes/No

If yes, please give details. _____

Are your child's vaccinations up-to-date?

BCG (Anti Tuberculosis) Yes/No

DPT (Diphtheria, pertussis and tetanus) Yes/No

OPV (Oral Poliovirus vaccine) Yes/No

MMR (Measles, mumps and rubella) Yes/No

Hepatitis B Yes/No

Meningitis Yes/No

(Kindly send in a copy of the Vaccination Record)

Does your child wear glasses? Yes/No

If yes, for what purpose? _____

Does your child have any visual problems? Yes/No

If yes, what is the nature of the problem? _____

Is your child colour blind? Yes/No

Has your child ever had an eye test? Yes/No

If yes, when was the test taken? _____

Does your child have a hearing problem? Yes/No

If yes, what is the nature of the problem? _____

Has he/she ever had a hearing test? Yes/No

If yes, when was the test taken? _____

Does your child have any speech problems? Yes/No

If yes, what is the nature of the problem? _____

Has your child ever had speech therapy? Yes/No

If yes, please give details : _____

Does your child have any dental problems? Yes/ No

If yes, what is the nature of the problems? _____

When did your child last see a dentist? _____

Does your child have any allergies? Yes/No

If yes, please indicate what your child is allergic to:

Reactions: _____

Currently prescribed treatments to be used in school:

Has your child suffered with any allergies after receiving any oral medications or injections in the past?

Yes/No. If yes, please explain _____

Is your child prone to asthma? Yes/No

Is it necessary for him/her to keep an asthma inhaler at all times? Yes/No

Is your child on any strong medication? Yes/No

If yes, what medication and for what reason?

Triggers: Exercise _____ Environmental _____ Other _____

Physical Restrictions : _____

SYMPTOMS OR REACTIONS

- Chest tightness/discomfort or pain _____
- Difficulty breathing _____
- Wheezing _____ Coughing _____
- Throat itch, tightness, or soreness _____
- Hoarseness _____ Other _____
- Currently prescribed treatments to be used in school: _____

- Is your child prone to seizures? _____

TYPES OF SEIZURES

- Absence (staring, unresponsive) _____
- Complex / Partial _____
- Generalized Tonic-Clonic (Grand Mal, Convulsive) _____
- Other: _____
- Physical education restrictions Yes / No _____
- List of Medications needed in school _____
- Date of last seizure _____
- Length of seizure _____
- Does your child have any nervous fears or phobias? Yes/No
- If yes, please give details. _____

Does your child have any other health Conditions, disabilities, or limitations that we should be made aware of. (Heart, liver, kidney problems, and blood related disorders.....)

Other Information:

CARE AT SCHOOL

Kindly note that when sending any medication to school to make sure that:

- Your child's name is clearly written on the medication;
- The dosage is written clearly in the message book;
- The times are written clearly in the message book;

Please keep your child at home, if he/she has anything contagious. If your child comes to school with anything contagious, we shall have no alternative, but to contact parents to collect their child immediately from school.

We do regular checks for head lice at school. This is highly contagious.

Please do all the necessary treatment before sending your child back to school.

Please tick the relevant box regarding the administration of medication:

- Clean wound using disinfectant and apply a wound dressing if necessary;
- Use ice and arnica on bump;
- Put soothing gel onto insect bites;
- Give paracetamol to my child for fever and pain;
- Give Ercefuryl / Smecta to my child if he/she has diarrhoea at school;
- Give Vogalen to my child if he/she vomits at school;

If your child is in need of urgent medical help at school, the school will contact the parents to inform them. If parents cannot be contacted immediately, your child will be taken by a member of staff to a doctor or private clinic to be treated. I authorise Telfair International Primary School to administer the following care in case my child falls

ALL INFORMATION SHARED ON THIS FORM WILL BE TREATED WITH THE GREATEST RESPECT AND IN THE STRICTEST CONFIDENCE.

I confirm that I have completed this form accurately and to the best of my knowledge.

Name of Parent/ Guardian: _____

Parent's signature: _____

Signature: _____

Date: _____

CONSENT FORM

PERMISSION TO USE PHOTOS

At Telfair International Primary School, we regularly take photos to be used in various activities. Examples are: Science projects, art and craft projects, end of year CDs, school magazines, attendance charts, our school prospectus, our website, our Facebook, our blog, yearly photos, etc....

Please sign below, to give your permission for us to use your child's photos.

I give / don't give Telfair International Primary School my permission to take and use my child's photos for the various activities done at school.

Date: _____

Parent's Name: _____

Parent's Signature: _____

PERMISSION TO GO TO THE PLAYGROUND

Our children use our playground during break (11.40 – 12.00) and during sports practices.

We have a Key Stage 1 playground and a Key Stage 2 playground. As the playground is located across the road from the school, we require your permission so the children can use the playground.

Lunch time is from 11.20 – 11.40. All the children will be encouraged to pack their lunch boxes at 11.35.

Dear Parents,

We will be going to play on our playground at breaks and during sports practices.

I _____ (Name of parent) give my permission to

(Name of pupil) _____ to use the playground.

I understand that my child will be crossing the road under staff supervision at all times to and from the playground.

Date: 8th May 2020

TO WHOM IT MAY CONCERN

This is to certify that Telfair International Primary School &/or Tiny Tots Day care centre has renewed the following Insurance Policy with our Company, as detailed hereunder:

Policy Number	:	P11 14734 J2
Type of Insurance	:	Group Personal Accident
Period of Insurance	:	FROM 2nd June 2020 TO 1st June 2021 (BOTH DAYS INCLUDED) and shall not be subject to "tacite reconduction".
Cover	:	Bodily Injury sustained by the Insured Persons on a 24 hour basis solely and directly from accidents caused by outward, violent and visible means including injury arising out of waterskiing, underwater fishing, motorcycling and hunting.
Benefits	:	Item 1: Death (Funeral Expenses) : Rs.10,000 Item 2(A&B): Permanent : Rs.100,000 Disablement : Rs25,000 any one claim per student Item 4: Medical, Surgical and : Hospital Expenses
Insured Persons	:	180 students
Territorial Limits	:	Republic of Mauritius
Jurisdiction/Applicable Laws	:	The Republic of Mauritius
Terms and Conditions	:	Subject to the terms, conditions, exclusions and exceptions of the above numbered policy.



For and on behalf of
SWAN GENERAL LTD
CORPORATE (PROPERTY & LIABILITY)

Swan General Ltd Swan Centre T (230) 207 3500
10 Intendance Street F (230) 208 6898
Port Louis, Mauritius W swanforlife.com

BRN106000922

PARENT PERMISSION AND RELEASE OF LIABILITY

All the children at our school are covered by the School Insurance. This includes on the school premises and all school activities that take place off the school premises or any other school-related activity including holiday clubs. Please see the Insurance Form in the school handbook. Our children often use school transport for various activities. This includes Aqua gym, sports practices, general school outings and citizenship activities. An email is sent out informing parents prior to the school activities. The school is required to transport our children to various venues and/or locations. The transport used is usually the bus, parents and/or staff's private vehicles. Any incident in the playground or due to the playground equipment is covered.

Name of Parent: _____

Child's name: _____

- I understand that although our children are supervised by Telfair International staff and parents, I assume the risk in my child's/children's participation in an event or activity.
- Should I choose not to permit my child to participate in a field trip and/or outing, I will inform my child's/children's teacher in the message book, or via email to telfairprimary@intnet.mu. **The child will be expected to stay at home on the day of the outing and or field trip.**
- I acknowledge that I will not seek to have the school held liable in the event that any accident, injury, loss of property or any circumstance or incident occurring during or as a result of my child's/children's participating in any school related activity on the school premises or off the school premises, or my while transporting child/children.
- The release of liability includes accidents, injury, loss or damages to the child/children, as well as, to any other individual/s or property which may result from the child's/children participation in any event or outing, including running, jumping and physical contact on the playground, classroom and or any activities.
- I hereby release and agree to not hold Telfair International Primary School, its management, its staff or employees, from any claims arising out of my child's/children participation in any event or outings.

I have read and understand and accept all the statements recited above and accept full responsibility as described:

Parent or Guardian's signature: _____

Date: _____

TERMS AND CONDITIONS

Name of Child: _____

ADMISSION

- 1) Please read through our **Regulations and Procedures in our Parents Handbook** which is available to download from our website before signing this form.
- 2) Once signed, please send it back to the Administration Department
- 3) Kindly fill out our **Enrolment Booklet** and hand it back to our Administration Department.
- 4) Vaccinations are compulsory before being admitted to our school. The list of immunizations has been set by the WHO. (A list can be found in our Handbook. Please note that this list may be amended upon WHO request.
- 5) Attached to your pack: A leaving certificate from previous school, a copy of the latest school report and the birth certificate of your child.

SUPERVISION OF STUDENTS

Supervision of children before and after school:

Members of staff are on duty to supervise our children on the assembly terrace as from **8:00hrs** and again after school from **2:15hrs to 2:30hrs** and after school clubs from **3.15hrs to 3.25hrs**.

Telfair International Primary School (herein referred to as "TIPS") will not be held responsible for any children who attends school before 08:00hrs or who are collected after 3:25hrs. This also includes a child who remains after school at 2.30hrs and is not participating in any activity at the afterschool clubs.

Initial of parent: _____

TERMINATION OF ENROLMENT

- 1) Please send us **one full term's notice in writing**, or equivalent fee, on termination of your child's enrolment at school.
- 2) TIPS will not release any student records in case of any outstanding fees, or damaged/not returned school property.
- 3) Unless prior arrangements have been made, TIPS reserves the right to terminate a child's enrolment if fees have not been paid in full by the 10th of each month.
- 4) A history of non-payment of school fees, or a negative payment track record, will also be grounds for TIPS to terminate a child's enrolment. **Outstanding fees (despite reminders) will be sent to the TIPS lawyers for recovery.**
- 5) TIPS reserves its right to terminate a child's enrolment leave without notice if they were enrolled on false pretences or if his/her behaviour is found to be consistently unacceptable or disruptive to the other children or for gross misconduct.
- 6) In case TIPS recommends remedial assistance, personal support in class or professional support and the recommendations are not taken seriously, or no attempt is made by parents to follow up, parents will be requested to remove their child from the school at a pre-determined date. Parents will be held responsible to settle outstanding balance of fees upon termination.
- 7) TIPS reserves its right to terminate a child's enrolment if a parent and/or a child is found to undermine the good name of TIPS and/or spread gossip without reasonable grounds or without any consultation with the class teacher or Head of School in the first instance, their child will also be asked to leave.

Initial of parent: _____

FEES

- 1) Fees are payable either monthly over 12 months or termly.
- 2) Fees are expected to be paid a month in advance before the 28th of each month.
- 3) Enrolment fees and Application fees are not refundable.
- 4) One term's notice (for both Mauritians and Non- Mauritians must be given in writing on the first day of the term at which the child is to leave i.e. (1st day January – 1st day May – 1st day September).
The deposit for Non-Mauritians will be off set against school fees if proper notice is given.
Should the notice not be given in time or unexpectedly during the current term for both Mauritians and Non-Mauritians, the fees will be considered as being due for the following full term.
- 5) No extension or delay in payment will be granted by TIPS unless it is discussed and agreed with the Head of School or Head of Administration of TIPS. In the event of payment being due more than a week, the school shall have the right to deny the child entry to the school. Parents shall be liable for all fees until such time the outstanding amount is settled and the child returns to school, or a full term's fees should the child not return.
- 6) In the event that any payment made by cheque or debit order is returned unpaid, the parents will bear all costs incurred by TIPS, as well as, settle outstanding payment within one week. Any debt recovery costs and legal fees incurred as a result of non-payment of school fees shall be borne by the parents.
- 7) School reports and Leaving Certificate will be withheld if accounts are not settled in full by the time reports are released at the end of the term.
- 8) No refund of school and enrolment fees will be given in case of a child expulsion from school.
- 9) All cash or cheque payments are to be sent to TIPS in envelope with your child's name and purpose clearly written on it.
- 10) Your child's name should be stipulated on bank transfers in order to facilitate the account reconciliation.

COMMUNICATION

Parents are responsible to read all communication sent to them. All E-mails sent that require a reply slip or answer from parents, need to be printed by the parent and sent back to school via your child's Message Book. All children are covered by our insurance by TIPS insurance policy cover. This covers the children both on TIPS premises and during school activities outside of TIPS premises. A letter is sent by mail at the beginning of each school year with more details. Kindly sign it and send back to TIPS within two days.

I have read and agree with the terms and conditions stipulated in our **School Guidelines Booklet and forms**

Name of Child: _____

Signature of parent: _____ Date: _____

Initial of parent: _____

Telfair International Primary School
Morcellement Saltpans, Tamarin
Tel: (230)4385108
E Mail: telfairprimary@intnet.mu
Website: telfairprimary.com
Facebook: [facebook.com/TIP SMAURITIUS](https://www.facebook.com/TIP SMAURITIUS)
Blog: telfairvaliant.blogspot.com



*To a valiant heart,
nothing is impossible*