

THE OLIVE TREE

SCHOOL FOR CHILDREN WITH ASD



The Olive Tree is a private, specialised school and aftercare centre catering for the specific and individual needs of learners in Grade RR to Grade 7, who have Autistic Spectrum Disorder (this includes learners with ADHD).

The Olive Tree aims to deliver a well-balanced, personalised programme which addresses the specific needs of every unique learner. Each class will have a maximum of seven learners with one teacher, and one assistant, presenting the interactive program which includes 1:1 therapy and group learning opportunities.

Our sensory room is designed to have a calming effect that reduces anxiety and improves focus while the OT room helps to stimulate and improve their physical development.

The Olive Tree will offer a full-day programme from 07h30 to 13h30 along with an aftercare facility from 13h30 to 17h15.

Applications for 2024 are now open. For more information, or to receive application forms, please contact us. We look forward to hearing from you!

Our Vision

To provide children with ASD a happy and safe space with quality support, training and programmes, that will allow them to grow in confidence and maximise their skills and potential.

Our Mission

- to provide a happy, safe and stimulating space for children with Autism in Potchefstroom.
- to provide a quality education through an autism-focused curriculum, competent and caring staff and strong family collaboration.
- to recognise every child's right to be supported in a joyful and nurturing learning environment that enables them to maximise their potential.
- to deliver an individualised curriculum that is designed for every child and their specific educational needs.
- to place an emphasis on communication, social skills, life skills and sensory development.
- to offer the highest quality therapy and group learning opportunities for each unique child.
- to build a supportive and protective team, collaborating with parents and offering support to the families.
- to celebrate differences and to promote an understanding of autism and inclusion in the wider community.

Our Values

- O** Opportunities : embrace every opportunity
- L** Love : love and be kind to one another
- I** Inspire: encourage and be positive
- V** Value : you are valuable, respect yourself and others
- E** Enjoy : have fun and live in the moment



INFORMATION FOR ADMISSION /RE-ADMISSION

1. Please be advised that being in possession of this Admission Form does not guarantee your child a place.
2. Your child's place will only be confirmed once all requirements have been met.

LEARNER INFORMATION

GIRL / BOY:	
SURNAME:	
FIRST NAMES OF CHILD:	
DATE OF BIRTH:	
PLACE OF CHILD IN FAMILY:	
HOME ADDRESS:	
PREVIOUS SCHOOL / PLAYGROUP LAST ATTENDED:	
DIAGNOSIS: DIAGNOSED BY:	
PARENT/GAURDIAN INFORMATION	
NAME OF FATHER:	SURNAME FATHER:
POSTAL ADDRESS:	
CONTACT NO:	
HOME LANGUAGE:	
OCCUPATION OF FATHER:	
FATHER'S I.D. NO:	
FATHER'S EMAIL ADDRESS:	
NAME OF MOTHER:	SURNAME MOTHER:
POSTAL ADDRESS:	
CONTACT NO:	
HOME LANGUAGE:	
OCCUPATION OF MOTHER:	
M O T H E R S ' S I . D . N O :	
MOTHER'S EMAIL ADDRESS:	

MEDICAL REPORT & BACKGROUND

PARENTS WILL BE NOTIFIED IMMEDIATELY OF ANY ILLNESS OR ACCIDENTS

Has your child received all the necessary immunisations? ___ YES ___ NO

Please attach a copy of your child's immunisation card

Has your child been diagnosed with Autism Spectrum Disorder? ___ YES ___ NO

Diagnosis: _____

Diagnosed by: _____

NB: please attach Doctors/Therapists reports

Allergies (please state)

Any other (diet or other)

Please list daily medication your child is taking e.g Respiridal, Ritalin, Epilim, even unprescribed medications etc.?

Has your child received Occupational Therapy, Speech Therapy, Psychological or any other counselling or therapy? Is he/she receiving any of the above at present? (Please attach reports)

Occupational Therapy

Speech Therapy

Psychological Therapy

Other counselling/ therapy

Please give details if yes:

-

-

-

Name of family doctor:

Address: _____

Tel no: _____

Medical Aid Society: Please attach a copy of your Medical Aid Card

Name of Medical Aid:

Medical Aid Plan and number:

Name of Main member

NAME OF FRIEND OR RELATIVE TO BE CONTACTED IN CASE A PARENT CANNOT BE CONTACTED IN AN EMERGENCY:

NAME: _____

TEL NO: _____

I accept that The Olive Tree School:

1. May consult a doctor if I cannot be reached in an emergency.
2. Cannot be held responsible for necessary doctor's fees and medication.
3. Cannot be held responsible for any accident.

SIGNATURE OF PARENT / GUARDIAN: _____

NAME: _____

DATE: _____



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