



REG. NO. 2010/003266/08 • SNAP EDUCATION (ASSOCIATION INC UNDER SECTION 21) • PBO NO. 930035281

Dear Parents,

**Tests, Therapies and Activities**

Please complete where applicable which of the following tests, therapies and activities your child has already received. Please return to your child's class teacher ASAP.

**General Information:**

Learner: \_\_\_\_\_ D.O.B.: \_\_\_\_\_ Grade: \_\_\_\_\_

Physical	Visit Dates and To Whom
Eyes	1.
	2.
	3.
Hearing	1.
	2.
	3.
Vaccinations	1.
	2.
	3.
EEG	1.
	2.
	3.
Scans	1.
	2.
	3.

Medical	Visit Dates and To Whom
Paediatrician	1.
	2.
	3.
Psychiatrist	1.
	2.
	3.
Psychologist	1.
	2.
	3.

Therapies	Visit Dates and To Whom
Physiotherapy	1.
	2.
	3.

Occupational Therapy	1.
	2.
	3.
Speech Therapy	1.
	2.
	3.
A.I.T.(Auditory Integration Therapy)	1.
	2.
	3.
Play Therapy	1.
	2.
	3.

<b>Extra-Curricular Activities</b>	<b>Visit Dates and To Whom</b>
Horse Riding	1.
	2.
	3.
Swimming	1.
	2.
	3.
Art	1.
	2.
	3.
Music	1.
	2.
	3.
Playball	1.
	2.
	3.
Jujitsu	1.
	2.
	3.

<b>Other (write down)</b>	<b>Visit Dates and To Whom</b>
	1.
	2.
	1.
	2.

Signature : Parent \_\_\_\_\_

Date \_\_\_\_\_

Kind regards,

**SALOMÉ SMIT**  
**Principal**

Landline: (021) 975 7224  
Email: [admin@snap.org.za](mailto:admin@snap.org.za)