



Opti-Learn Registration Form 2021

Learner Information		Checklist	
Name & Surname		Most recent Psychometric Assessment	
D.o.b. & age		Most recent school report	
Current school		Copy of learner ID	
Grade		Copy of parent ID x2	
Reason for referral		Copy of curriculum provider registration	
Legal Guardian/Parent Information		Copy of DBE registration	
Name & Surname		Contact details of team (neurologist, psychiatrist, therapist)	
Address		Signed Opt-Learn Memorandum of Understanding	
Work Tel			
Cell			
E-mail			
Emergency Contact Information			
Name & Surname			
Contact details			
Name & Surname			
Contact details			
Medical Information			
Allergies			
Current medication			
Medication required at school			