

2019



OFFICE USE ONLY:
Admission no:.....
Gr.....
Guardian.....
Admin.....

APPLICATION FOR ADMISSION OF LEARNER (GR 8 – GR 9)

- The following documents must accompany this form:
1. Copy of ID documents/birth certificate of parent(s) and learner
2. Academic results (report) of previous school (1st term 2018)
3. Transfer letter of previous school (only on acceptance, next year)
4. Proof of residential area, i.e. municipal statement

PLEASE THOROUGHLY COMPLETE THIS FORM IN BLOCK LETTERS

1. INFORMATION CONCERNING LEARNER

SURNAME:.....
FIRST NAMES:.....
NAME BY WHICH LEARNER IS KNOWN:.....
ID NO/DATE OF BIRTH:.....
GRADE IN WHICH LEARNER MUST BE PLACED:.....
YEARS IN THIS GRADE: GENDER (M/F)
ADMISSION DATE:..... HOME LANGUAGE:.....
RELIGION:..... COUNTRY OF ORIGIN:.....
LEARNER CELL NUMBER/EMAIL:.....
AMOUNT OF CHILDREN IN HOUSEHOLD:..... POSITION IN FAMILY (e.g. 1st child):.....
AMOUNT OF LEARNERS IN THIS SCHOOL:..... STATUS OF FAMILY (See codes below):.....

Table with 3 columns: Code 1: Both parents, 2: Step father, 3: Step mother; 4: Widower, 5: Widow, 6: Guardians; 7: Divorced, resides with father, 8: Divorced, resides with mother; 9: Separated, resides with father, 10: Separated, resides with mother; 11: Other (e.g. single parent)

ANY DECEASED PARENTS:..... DEXTERITY OF LEARNER:.....
PREVIOUS SCHOOL OF LEARNER:.....
ADDRESS OF PREVIOUS SCHOOL:.....
TEL NO OF PREVIOUS SCHOOL:.....
DOES THE LEARNER REQUIRE SPACE IN THE HOSTEL:.....
SOCIAL GRANTS INFORMATION:.....

2. INFORMATION CONCERNING PARENTS/GUARDIANS:

2.1 FATHER:

SURNAME:.....

TITLE: (Mr. Dr. Rev. Prof.)..... INITIALS:.....

FULL NAMES:.....

I.D. NO:.....

RESIDENTIAL ADDRESS:.....Code.....

POSTAL ADDRESS:.....Code.....

TEL. NO: (Home)..... (Work).....

(Cell phone)..... (Email).....

OCCUPATION:.....

EMPLOYER:.....

WORK ADDRESS:.....

2.2 MOTHER:

SURNAME:.....

TITLE: (Me. Dr. Rev. Prof.)..... INITIALS:.....

FULL NAMES:.....

I.D.NO:.....

RESIDENTIAL ADDRESS:.....Code.....

POSTAL ADDRESS:.....Code.....

TEL. NO: (Home)..... (Work).....

(Cell phone)..... (Email).....

OCCUPATION:.....

EMPLOYER:.....

WORK ADDRESS:.....

ADDITIONAL CONTACT PERSON

(IMPORTANT: Please use the details of a person not connected to your household)

Name..... Tel no:.....

Relation (e.g. aunt, grandmother)

3. PERMISSION TO PARTICIPATION IN EXTRA MURAL ACTIVITIES/OTHER ACTIVITIES

- 3.1 I, parent/guardian of above learner give permission that he/she may participate in extra mural activities that the school offers as well as in all sports league games that the school takes part in.
- 3.2 I also give permission/don't give permission that he/she may take part in educational outings, sports tours, activities arranged by the school or the relevant class and may/may not use transport as arranged by the school.
- 3.3 I authorize the principal or any teacher/delegate to give permission for any operation or medical treatment that my child may be in need of should it happen that I am unavailable and the school is unable to come in contact with relevant contact persons.
- 3.4 I request however that the person responsible should take note of the following:
(Name relevant conditions, e.g. allergies, abnormal bleeding, epilepsy, etc.)

.....
.....

- 3.5 The following information is important in case of medical treatment and hospitalization:
Please complete:

Name of medical aid fund:.....
Med. Aid No :.....Member:.....
Name of general practitioner:.....
Tel. No. of general practitioner:.....

4. UNDERTAKING BY PARENT/GUARDIAN

I am aware of the fact that my child's admission is subject to National and Provincial Departmental regulations and laws as well as the rules of the school. I undertake to

- 4.1 pay school fees promptly as determined by the governing body;
- 4.2 respect the ethos and character of the school;
- 4.3 obey all rules and regulations and act accordingly;
- 4.4 accept all disciplinary measures and decisions of the governing body;
- 4.5 receive tuition in the language medium of the school which is Afrikaans or English;
- 4.6 I accept that my child will have a choice to offer, apart from Afrikaans and English, also Sepedi (Home language) as third language only in grade eight (8) and nine (9). This is according to the school's official Language policy;
- 4.7 accept the curriculum of the school;
- 4.8 give my full support in connection with academic progression as well as public conduct;
- 4.9 obey hostel regulations and rules, should my child be accommodated in the hostel;
- 4.10 allow my child to undergo/not undergo the Bible study program of the school;

- 4.11 accept the Christian National character of the school;
- 4.12 accept that preference will be given to learners that comply with the requirements as stated in the application policy of the Department of Education of Limpopo, as well as that of Hoërskool Nylstroom;
- 4.13 take responsibility for all equipment and books issued to my child by taking proper care thereof and return it to the school at the end of the academic year. I also accept responsibility for reimbursement that may result from the issuing of equipment, books or any other school property which might be lost, stolen or damaged;
- 4.14 indemnify the school, it's personnel, officials and/or delegates from any liability resulting from injury of sickness that might happen on the school grounds or while on school outings;
- 4.15 indemnify the school, it's personnel, officials and/or delegates against any liability resulting from injury of sickness, damage or loss to any person as result of behavior of my child;
- 4.16 accept that the **maximum age** that a learner in a certain grade may be, is:

Grade 8	: 16 years
9	: 17 years
10	: 18 years
11	: 19 years
12	: 20 years

4.17 I accept that all reasonable precaution will be taken to ensure the safety and welfare of my child that I will be held accountable for any medical and/or hospital bills, which may result from and injury incurred which cannot be ascribed to the negligence of the responsible personnel, official/delegate.

5. I, the undersigned, _____
(surname & initials of parent/guardian)

parent/guardian of _____
(surname & full names of learner)

apply hereby that the above-mentioned learner be admitted to Hoërskool Nylstroom and that I am willing to comply to all the above-mentioned.

.....
(Signature of Parent/Guardian)

.....
Date

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Witness 1

.....
Witness 2