

LAERSKOOI BEKKER PRIMARY

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Magaliesburg
1791

Hoof/Principal:
W.C Potgieter



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Name of Pupil/s _____ Gr. : _____
_____ Gr. : _____
_____ Gr. : _____

(Please use the grade you are applying for and not the current grade)

FOR THE YEAR _____

N.B. This form must be completed in full by the Parent \ Guardian \ Proxy.

PARTICULARS OF : PARENT \ GAURDIAN \ PROXY

- 1) Surname _____
- 2) First Name (In full) _____
- 3) RSA-Citizen YES \ NO. If no, state reason _____
- 4) Identity number of Mother: _____
- 5) Identity number of Father: _____
- 6) Present address :-

<u>Home</u>	<u>Postal Address</u>	<u>Work</u>
	Code :-	Code :-

- 7) Home Tel.:- _____ Work Tel.:- _____
- 8) Cell no Mother: _____ Cell no Father: _____
- 9) E-mail Mother: _____ E-mail Father: _____

(Please use block letters in order for us to capture the address correctly)

- 10) Occupation of Father : _____ Occupation of Mother: _____

11) Employer of Father: _____ Employer of Mother: _____

12) State whether married, widowed or divorced: _____

13) The applicant is the Parent \ Legal Guardian \ Proxy : _____

14) If the applicant is not the parent or legal guardian but the proxy:

A) Has the parent \ guardian authorised the application to place the pupil in a hostel and will they accept responsibility for the payment of hostel fees in advance??

YES \ NO _____

N.B. THE APPLICANT WILL BE HELD RESPONSIBLE FOR PAYMENT OF HOSTEL FEES.

REASONS for placing the child / children in a hostel:

Have you ever been notified by the current school (or experienced it at home) of the following:

Bad Behaviour (if yes, please give detail) _____

Disciplinary hearings at present school (if yes, please give detail) _____

NAME OF PRESENT SCHOOL:- _____

CONTACT DETAILS:

NAME	CONTACT NUMBER	DESIGNATION

**** (Please note that the above information will be confirmed with present school).**

PARTICULARS OF PUPIL(S) :

1.

2.

3.

Surname			
First Name			
ID Number			
Present grade			
Years in Grade			
Present School			

2. **RELIGION**

3. **ACADEMIC ACHIEVEMENTS**

Please mention any achievements: _____

*Please send a copy of your child's most recent report card and ID document with this application.
Unfortunately your application will not be considered without these documents.*

3. **EXTRAMURAL ACTIVITIES**

My child / children participated in the following extramural activities at their present school:

I object / have no objections to my child reasonably participating in the extramural activities of the School and Hostel. _____

4. **MEDICAL INFORMATION**

Medical Aid Name: _____ Medical Aid Number: _____

Main Member: _____

1. Does your child have any medical condition that we need to know of?

2. Does your child have a bedwetting problem?

3. Does your child take any chronic medicine that we have to administer through the week:

4. Is your child allergic to any medicine?

5. Is your child allergic to any food?

6. I understand that the hostel fees do not cover the cost of ANY medical treatment. (The hostel staff ONLY take care of home nursing to the best of their ability, making use of the normal medicine which is available at the hostel.)

7. In case of an emergency, please contact the following people:

<i>NAME</i>	<i>CELL NO</i>	<i>RELATIONSHIP TO CHILD</i>

I Family doctor : _____

Tel: _____

II I take note that I will be responsible for all medical costs in an emergency or otherwise

Signature of parent: _____

UNDERTAKING BY PARENTS / GUARDIAN / PROXY

1. Hostel regulations and rules:

I am aware that my child's admission is subject to hostel regulations, as well as the rules of the hostel.

I am prepared to comply with the above and undertake to :

- a) Pay the boarding fees regularly and in advance every month before the 7th.
- b) Give a full MONTH'S notice before I remove my child from the hostel;

c) Compensate / Pay for, any damages caused by my child, whatever it may be.

TRANSPORT

1. I am aware that the hostel is **closed** during the **school holidays** and **on weekends**, and that it is my responsibility to provide transport for my child to and from the hostel at my own expense. I am also aware that children must be fetched latest at 18:00 on a Friday.
2. If my child is going to make use of the bus service, I undertake to pay the bus money into the account not later than on a Wednesday. Tickets will only be issued when payment shows in our account.
3. I undertake to notify the responsible officer immediately of any change in address, telephone numbers etc. I undertake to abide by the rules and regulations. I undertake not to sue the school hostel or staff for any damages should my child/ren be injured in sport or in extramural activities to which I consented, or any transport where school activities are involved.

I declare the information furnished above by me to be true and correct.

Date: _____

SIGNATURE OF PARENT/GUARDIAN OR
PROXY

NAME OF PARENT / GUARDIAN OR
PROXY IN BLOCK LETTERS

SIGNATURE OF PERSON RESPONSIBLE
FOR FEES

NAME OF PERSON RESPONSIBLE FOR
FEES IN BLOCK LETTERS

*** Thank you for your application. Please note that you will be contacted via e-mail within 48 hours of submitting your application. If not, please re-send your application as we then did not receive it.