



APPLICATION FOR ADMISSION 2017

Dear Prospective Parent

Thank you for your application for admission to Hoërskool Lichtenburg for 2017.

We would like you to take note of the following:

- **NB:** Hoërskool Lichtenburg is a Quintile 5 school – school fees are compulsory.
- Incomplete application forms will not be accepted.
- All required documentation must be attached to this form.
- **All application forms must be hand delivered to the Learner Admissions Office – applications close on 29 July 2016 – (10h00).**
- The following documentation must accompany this application:
 - One ID-photo of the learner (applicant) in school uniform.
 - **A copy of the learner's birth certificate / identity document.**
 - A copy of the learner (applicant's) March/July 2016 report.
 - Copies of both parents' ID documents
 - If applicable: copies of the legal guardian's identity documents and the legal custody documents.

No copies will be made at the school.

- All admissions will be finalized on 31 August 2016. The applicant will be notified by post if the application is successful.
- **Any applicant who is older than the statistical age norm of the particular grade (Grade year + 6 years) will not be eligible for admission.**
- By signing this application for admission to Hoërskool Lichtenburg, the learner and his/her parents or guardian accept that on such admission, the learner will be bound by the Code of Conduct and Regulations of Hoërskool Lichtenburg for as long as the learner is a registered learner at Hoërskool Lichtenburg.

Sincerely

MR. D. MATHEE
PRINCIPAL
HOËRSKOOL LICHTENBURG

Admissions secretary: Ms. Annalien van Schanke Hoërskool Lichtenburg Private Bag X 12042 Lichtenburg 2740 Tel: (018)-632-6202 E-mail: annalien@nwisp.co.za

Admission no	
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Grade	
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Date	
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SECTION A : PERSONAL DETAILS OF LEARNER

Documentation Needed:

- Certified copy of learner's **Birth Certificate**.
- Copy of learner's **Grade 7 Report** – March/July 2016.

PHOTOGRAPH

Learner has to be in current
Grade 7 School uniform

**Applications without a
photo will not be
considered.**

Surname			Initials				
First name/s:							
Name called by:							
Date of birth [dd/mm/yyyy]				Gender			
Age as on 31 / 12 / 2016							
Number of children in the family				Position in family			
Number of siblings in Hoërskool Lichtenburg							
Names and grades of siblings (If applicable)	Name & Surname						
	Grade						
	Brother/Sister						
	Name & Surname						
	Grade						
	Brother/Sister						
ETHNIC GROUP	Asian		Coloured		Black		Indian
	White		Other [specify]				
ID / PASSPORT NUMBER							
CITIZENSHIP	Country of residence						
	Citizenship						
	If RSA, in which province/s do/does the parents reside?						

CONTACT DETAILS	Residential address of biological parents			
	Postal address of biological parents			
	City/Town/ Suburb			
	Home Phone number		Number in case of emergency	
	Learner's cell phone number			
LANGUAGE PREFERENCE	Home Language			

FAMILY STATUS	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1: Both parents 4: Widower 7: Divorced, stays with father 10: Separated, stays with mother 13: Single parent (never married) 16: 2nd Marriage	2: Stepfather 5: Widow 8: Divorced, stays with mother 11: Other 14: Stepfather/own mother 17: Single parent	3: Stepmother 6: Guardian 9: Separated, stays with father 12: Stay together 13: Own father/stepmother
	Learner stays at Father <input type="checkbox"/> Mother <input type="checkbox"/> Other <input type="checkbox"/> If other, please specify:	<input type="text"/>		
RELIGION	Religion		Denomination	

SECTION B : SCHOOL DETAILS , ACHIEVEMENTS & RECORDS

CURRENT SCHOOL	Name of current school			Province	
	Address of current school				Code
ACHIEVEMENTS [Show all ACHIEVEMENTS]	Sport				
	Culture				
	Leadership				
	Academic				
	Awards Gr. 6/7				
DISCIPLINARY RECORD	Any serious disciplinary transgressions	Yes		No	
	What transgression took place, if applicable				

SECTION C : MEDICAL DETAILS OF LEARNER / APPLICANT

MEDICAL AID	Name of Medical Aid			
	Medical Aid number			
	Name of main member			
MEDICAL PRACTITIONER	Name of doctor in Lichtenburg			
	Name of Medical practice			
	Telephone number of doctor			
	Address of doctor			
MEDICAL ISSUES	Any medical issues			
	Medical issue the school should be aware of			
	Allergies (Please specify, if any)			
	In case of emergency, may the school provide medication?	Yes		No
	If no, what should the school do?			
LEARNING DISABILITIES	Any learning disability that should be addressed			
	Has the learning disability been confirmed by medical specialists? If yes, please provide details and evidence			

SECTION D : DETAILS OF BIOLOGICAL FATHER

(Please take note that both biological parents' details must be provided, or a death certificate must be attached. Parents are both responsible for payment of school fees, regardless of the settlement agreement. Copy of ID of biological father must be attached.

NAME AND SURNAME	Title		Initials		Surname		
	First name/s:						
	ID NUMBER						
	Home Language						
OCCUPATION							
EMPLOYER	Name of employer						
	Address of employer						
ADDRESS DETAILS	Residential address (Father)					Code	
	Postal address (Father)					Code	
CONTACT DETAILS	Telephone number home						
	Telephone number work						
	Cell phone number						
	E-mail address						

SECTION E : DETAILS OF BIOLOGICAL MOTHER

(Please take note that both biological parents' details must be provided, or a death certificate must be attached. Parents are both responsible for payment of school fees, regardless of the settlement agreement. Copy of ID of biological mother must be attached.

NAME AND SURNAME	Title		Initials		Surname		
	First name/s:						
	ID- NUMBER						
	Home Language						
OCCUPATION							
EMPLOYER	Name of EMPLOYER						
	Address of EMPLOYER						
ADDRESS DETAILS	Residential address (Mother)					Code	
						Code	
	Postal address (Mother)					Code	
						Code	
CONTACT DETAILS	Telephone number home						
	Telephone number work						
	Cell phone number						
	E-mail address						

SECTION F : DETAILS OF LEGAL GUARDIAN

The school needs two declarations in writing, without these the application will be declined:

- An Affidavit declaring that the guardianship / care and control of the LEARNER is given to someone other than the biological parents.
- An Affidavit declaring that the legal guardian takes full responsibility for the LEARNER.

NAME AND SURNAME	Title		Initials		Surname	
	First name/s:					
	ID- NUMBER					
	Gender	Male		Female		
	Home Language					
MARITAL STATUS OF GUARDIAN	Married		Unmarried		Divorced	
	Separated		Widow/ Widower		Other (specify)	
OCCUPATION						
EMPLOYER	Name of EMPLOYER					
	Address of EMPLOYER					
ADDRESS DETAILS	Physical address guardian					
				Code		
	Postal address guardian					
				Code		
CONTACT DETAILS	Telephone number home					
	Telephone number work					
	Cell phone number					
	E-mail address					
RELATIONSHIP TO LEARNER/APPLICANT						

SECTION G : DETAILS OF FAMILY MEMBER IN CASE OF EMERGENCY

PERSONAL DETAILS	Surname			
	Name			
	Relationship			
	Telephone number home		Telephone number work	
	Cell phone number		E-mail address	

SECTION H : SCHOOL FEES AND PAYMENTS

The person responsible for payment of school fees must complete this section:

- The payment of school fees is compulsory in terms of the SA-Schools Act 84 of 1996.
- School fees are payable before 31 January.
- Alternatively payments can be made in 10 equal payments from January to October. Please make arrangements with the financial office.
- Legal action will be taken if accounts are more than 90 days in arrears.
Failure to complete section H correctly and in full will result in a declined application.

PERSONAL DETAILS	Surname				
	First name/s:				
	ID- NUMBER				
	EMPLOYER		OCCUPATION		
	Address			Code	
				Code	
	Postal Address			Code	
				Code	
	Telephone number home		Telephone number work		
	Cell phone number				
E-mail address					
RELATIONSHIP TO LEARNER / APPLICANT E.g. PARENT, SPONSOR, EMPLOYER ETC.					

SECTION I : PAYMENT OF SCHOOL FEES

THIS SECTION MUST BE COMPLETED BY THE PERSON RESPONSIBLE FOR THE PAYMENT OF THE SCHOOL FEES

I, _____, have read all the documents/pages contained in this application form and accept full responsibility for the payment of the school account of _____.

Signed on this day _____ 2016 in _____.

SIGNATURE OF THE
PARENT / GUARDIAN

NAME OF THE
PARENT / GUARDIAN

DATE

WITNESS 1:

NAME: _____

SIGNATURE: _____

WITNESS 2:

NAME: _____

SIGNATURE: _____

SECTION J : CONFIRMATION & UNDERTAKING BY PARENT / GUARDIAN

The PARENT / GUARDIAN confirms that, with this application, he / she is aware of the following:

1. Completion of this application form does not guarantee admission.
2. I am aware that my son/daughter's application will be considered in accordance with the prescribed application requirements and vacancies available in the school.
3. I am aware that the following documentation must accompany this application:
 - One recent 2016 ID-size photo of the LEARNER.
 - Certified copy of the learner's birth certificate.
 - Latest school report – March/July 2016.
 - Certified copies the identity documents of both parents (mother and father) or guardian.
 - Original and recent (within 30 days of application) Municipal account (water and lights account) that reflects the physical street address.
 - Proof of residence is compulsory.

The following are NOT proof of residence:

- Offer to purchase.
 - Rental contract for a period of less than one year.
 - Please note that sub-leasing is not proof of address in the schools' feeder area
 - The address of family or friends, or extended family, or adults that make use of care in terms of traditional practices.
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- Certified copy the court order of guardianship (where applicable).

If my son/daughter is admitted

I undertake to:

- To sign the code of conduct for learners and to always abide by all the rules and regulations with regard to behaviour at all time.
- To pay the school fees.
- I take note and understand that the language preference of Hoërskool Lichtenburg is Afrikaans and that the school is an Afrikaans Medium School.
- My child will wear the school uniform and will abide by the general appearance rules of Hoërskool Lichtenburg.
- I take note of the schools value system: Faith, Integrity, Responsibility and Excellence.
- I identify with these values and promise to support the school in fulfilling these values.
- I declare that as parent/ guardian I am prepared to come for an interview, should it be required.
- I declare that we as parents/guardian, herewith give power of attorney to the school and / or the staff to take decisions that will be in the best interest of my child in serious situations like in an accident, epidemic or sudden illness where I as PARENT / we as Parents/ guardian cannot.

I declare that all the information that I have provided is TRUE and CORRECT and that I have not supplied any false or incorrect information.

I declare that I have not omitted any information that the school needs to know about.

PARENT / GUARDIAN 1 Signature:

PARENT / GUARDIAN 2 Signature:

DATE:

SECTION K : FOR OFFICE USE

CHECKLIST FOR APPICATION FORM AND DOCUMENTATION:

2016 ID-Photo	Yes		No		
Certified copy of birth certificate	Yes		No		
Certified copies of Identity documents of both parents	Yes		No		
Original municipal account.	Yes		No		
Copy of March/July 2016 report.	Yes		No		
Transfer documents from previous school	Yes		No		
SECTION A completed and checked. [PERSONAL DETAILS]	Yes		No		
SECTION B completed and checked. [SCHOOL DETAILS]	Yes		No		
SECTION C completed and checked. [Medical DETAILS]	Yes		No		
SECTION D completed and checked. [Biological Father]	Yes		No		
SECTION E completed and checked. [Biological Mother]	Yes		No		
SECTION F completed and checked. [Guardian]	Yes		No		
SECTION G completed and checked. [Emergency]	Yes		No		
SECTION H completed and checked. [School Fees]	Yes		No		
SECTION I completed and checked. [Undertaking to pay]	Yes		No		
SECTION J completed and checked. [Undertaking and declaration]	Yes		No		
Comments from admissions officer:					
SGB admissions committee:					
Approved	Not Approved		Suspended		
Reason why not approved:					

CHAIRPERSON OF THE SCHOOL GOVERNING BODY

DATE

Stamp: Date received
