



Re-Application for admission to Hoërskool Lydenburg

Grade _____ for the year 2021

Passport photo

The Department of Education requires that parents who require/elect their children to attend the same school, must fill in an enrolment form yearly. **All new applications must be submitted in writing.** Once your application has been received it will be processed, and you will be informed by letter or e-mail whether the application is successful/not successful. This form must be completed by one of the parents/guardian, and not by the learner. Please complete the form with **BLACK** pen and use **block letters**. Circle/ tick with a X, where necessary and cancel if not applicable.

THE APPLICATION WILL NOT BE PROCESSED WITHOUT THE FOLLOWING DOCUMENTS

- Computerised birth certificate / Copy of learner's ID card **IF CHILD IS 16 AND OLDER.**
- If single parent (reason): attach proof of death or divorce papers.
- ID copy of parent(s).
- Documentary proof that you are the legal guardian if learner is under your guardianship.
- Copy of study permit, and work permit of parents for immigrants.
- Proof of address (water & lights account), NOT OLDER THAN 3 MONTHS.
- Copy of medical aid card.

*Please click or tap to insert text

SIGNATURE OF PARENT/GUARDIAN

Agreement undertaken by Hoërskool Lydenburg (hereafter *school*)
represented by the Chairman of the Governing Body of Hoërskool Lydenburg and

SURNAME	
NAME	

(hereafter *parent*)

as (relationship to learner):

Legal parent	<input type="checkbox"/>	Guardian	<input type="checkbox"/>	Step parent	<input type="checkbox"/>	Grand parent	<input type="checkbox"/>	Other(specify)	
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of

SURNAME	
NAME	

(hereafter *learner*)

(full name/surname as on birth certificate).

FOR OFFICE USE:

Account	
Admission	
Date received	
Date of admission	



LEARNER INFORMATION

Surname		Initials		Nickname	
Birth name(s)					
Date of birth				Gender	<input type="checkbox"/> Boy <input type="checkbox"/> Girl
ID /passport number				Race	
Country of residence			Citizenship		
If SA, indicate province of residence					
Residential address of LEARNER				HOME TEL nr	013
				EMERGENCY TEL nr	0
				Cell phone nr of LEARNER	0
City\Suburb				Hostel learner	<input type="checkbox"/> Yes <input type="checkbox"/> No
Code		E-mail address of learner			
Home Language				Preferred language of instruction	<input type="checkbox"/> Afr <input type="checkbox"/> Eng
Deceased parent	Mother	<input type="checkbox"/>	Father	<input type="checkbox"/>	Both <input type="checkbox"/>
Religion			Mode of transport to school		
SMS NR OF PARENT			NAME OF SMS PARENT		

LEARNER MEDICAL INFORMATION

Medical aid nr		Medical aid name	
Name of main member			Name of doctor
Address of doctor			Telephone number of doctor
Medical condition			
Special problems requiring counselling	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Dexterity of learner	Left handed	<input type="checkbox"/>	Right handed <input type="checkbox"/> Ambidextrous <input type="checkbox"/>
Receives Social Grant	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Are you applying for Subsidy	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

LEARNER PROFILE

1. ACADEMIC ACHIEVEMENT (mark the box with a X)

Average % during November-exam:

90 - 100	<input type="checkbox"/>	50 - 59	<input type="checkbox"/>
80 - 89	<input type="checkbox"/>	40 - 49	<input type="checkbox"/>
70 - 79	<input type="checkbox"/>	30 - 39	<input type="checkbox"/>
60 - 69	<input type="checkbox"/>	Lower than 30	<input type="checkbox"/>

Has the learner received any examination assistance (in the form of concessions) at the school where he / she is currently?	<input type="checkbox"/>	<input type="checkbox"/>
	YES	NO
NB: ATTACH PROOF OF CONCESSION CONFIRMATION PROVIDED BY THE DEPARTMENT OF EDUCATION.		

If YES, indicate which of the following challenges your child is experiencing

Attention Deficit Syndrome	<input type="checkbox"/>	Maths difficulty	<input type="checkbox"/>	Autism	<input type="checkbox"/>	Reading challenge	<input type="checkbox"/>
Behavioural problems	<input type="checkbox"/>	Hearing disability	<input type="checkbox"/>	Epilepsy	<input type="checkbox"/>	Learning disability	<input type="checkbox"/>
Visually impaired	<input type="checkbox"/>	Diabetic	<input type="checkbox"/>	Cerebral palsy	<input type="checkbox"/>	Physical disability*	<input type="checkbox"/>
Physical disability (Specify)							
Other (Specify)							

2. EXTRA MURAL ACTIVITIES (past 12 months)

It is important for the school that the learners actively participate in the activities offered by the school. You are welcome to attach copies of performance certificates, and so on, to the application. Indicate the extra mural activity / activities in which the learner has participated:

SPORTS ACTIVITY	HIGHEST LEVEL OF PARTICIPATION	ACHIEVEMENT(S)
1.		
2.		
3.		
4.		

CULTURAL ACTIVITY	HIGHEST LEVEL OF PARTICIPATION	ACHIEVEMENT(S)
1.		
2.		
3.		
4.		

3. LEADERSHIP

To which LEADER positions has the learner been elected?

ACTIVITY	FORM OF LEADERSHIP	YEAR
1.		
2.		
3.		
4.		

Do you have access to a computer at home? YES / NO

SIBLINGS

Number of other children in THIS school		Position in family (eg. first)	
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Please provide full names below

Name and Surname		Grade	
Name and Surname		Grade	
Name and Surname		Grade	

PARENT/GUARDIAN INFORMATION

FATHER/GUARDIAN	Title	Initials	Surname	
Date of birth			Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>
Home language	Race	Marital status		
ID/Passport number			Account payer	Yes <input type="checkbox"/> No <input type="checkbox"/>

Residential street address:

City / Suburb		Code	
Occupation FATHER/Guardian	Employer FATHER/Guardian		
Cell phone nr FATHER/Guardian	Work nr FATHER/Guardian		
Email FATHER/Guardian			
Fax nr FATHER/Guardian	Home nr FATHER/Guardian		

MOTHER/GUARDIAN	Title	Initials	Surname	
Date of birth			Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>
Home language	Race	Marital status		
ID/Passport number			Account payer	Yes <input type="checkbox"/> No <input type="checkbox"/>

Residential street address:

City / Suburb		Code	
Occupation MOTHER/Guardian	Employer MOTHER/Guardian		
Cell phone nr MOTHER/Guardian	Work nr MOTHER/Guardian		
Email MOTHER/Guardian			
Fax nr MOTHER/Guardian	Home nr MOTHER/Guardian		

LEARNER RESIDES WITH

Father	<input type="checkbox"/>	Mother	<input type="checkbox"/>	Both parents	<input type="checkbox"/>	Guardian	<input type="checkbox"/>	Other (name)	
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CORRESPONDENCE DETAILS OF PARENTS/GUARDIAN

Title	Initials	Surname	
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Postal address:

City / Suburb		Code	
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CONTACT DETAILS OF PERSON IF PARENTS/GUARDIAN IS NOT AVAILABLE

Surname	Name	Cell phone nr
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For the admission of a learner to the school, the parent/guardian confirms and undertakes the following:

1. that the learner meets all admission requirements as stipulated/summarised in Annexure B;
2. that the parent and learner are subject to the school rules as stipulated in Annexure B;
3. to pay the annual school fees that are set annually by the School Governing Body and may be recouped as stipulated in the SA School Law. The school fees are immediately payable at the signing of this document;
4. a monthly account will be given for the payment thereof as stipulated in number 3 above;
5. responsibility for the replacement of lost and damaged textbooks; the payment of certain study guides/resources and aids are not included in school fees and no rebate or exemption can be made here, and must be paid by the parent/guardian;
6. that the school has the right to take steps for the collection of any arrears and that legal and client costs, as well as a collection fee, will be for the parent's account;
7. that a statement wherein any amount in arrears will be shown, is sufficient evidence of the amount owed and that it will not be necessary to verify the signee of the statement. This statement will be a legal document for purposes of obtaining a preliminary or summary judgment;
8. that the parents provide their home address as stipulated in the admission document as *domicilium citandi et executandi* and furthermore grant permission for the delivery of all notices and process documents to this address.
9. **that the information provided in the application document is correct, and that the parent/guardian is duly bound to notify the school, within 7 days, of any changes of street, postal address, and telephone numbers.**

ANNEXURE B: APPLICATION AND ADMISSION REQUIREMENTS

I. In order to be admitted to Hoërskool Lydenburg, the learner must:

1. during the school year, not be older than:
16 years of age in Grade 8 (Older than 16 years, no learner is obliged to attend school)
 2. adhere to all school rules
 3. be prepared to adapt to the multi-cultural traditions and social norms and ethos of the school
 4. have had Afrikaans as a Home Language or a First Additional Language previously and accept Afrikaans as the main language of instruction / First Additional Language.
 5. accept that the Governing Body gives special permission for a learner to attend Hoërskool Lydenburg, the learner's permission can be waived if he/she does not adhere to any of the above-mentioned rules.
- I declare that I am aware that a copy of the Hoërskool Lydenburg Constitution is available for perusal during school hours.
 - I undertake to submit myself to the stipulations of the School's Constitution, disciplinary system and Code of Conduct.
 - I declare that all details supplied in this application are true and correct in all respects and that this document will form the basis for the acceptance of said child as a learner of Hoërskool Lydenburg.
 - I declare that I am aware that the language policy of the school is Afrikaans. A limited number of learners will receive education in English.

II. PAYMENT OF SCHOOL FEES

According to Article 39 and 40 of the South African School's Act both biological parents are liable for the payment of school fees and the payment of school fees can be enforced by process of law. School fees are, according to law, classified as statutory debt as published in the Government Gazette number 28864, Part D, 24 (v) "Living expenses, inclusive of, but not limited to: (cc) school fees.

GENERAL CONDITIONS AND ADMISSION POLICY

I/We the undersigned responsible parent/guardian hereby accept unconditionally and without exception the admission policy of the school. I confirm that a copy of the Admission and Registration Form was made available to me/us.

1. I/we, the parents/guardian of the learner/s declare on behalf of ourselves and the learner/s that we endorse, maintain and protect the mission, vision and objectives of the school policy and code of conduct at all times and that we adhere to all admission requirements, disciplinary measures and other school rules.
2. I/we take note that school- and hostel fees are payable in advance and will be paid on/or before the seventh of each month. If my/our account reflects a debit balance, an account will be handed to the learner on a monthly basis.
3. I/we will be responsible for the prompt payment of school fees and/or hostel fees and/or subject fees and/or study guides and/or tour expenses, which are due, as per our agreement with the school and as determined from time to time by the Governing Body. When in default of payment of the school fees as agreed upon, the total amount of school fees for the year will become due and payable immediately. Interest of 10% per year can be added to the total amount outstanding from date *et tempore morae*. The parent/guardian that defaults will be held liable for all costs and fees incurred during collection by an Attorney, provided for, in the Act for Debt Collecting of 1998, specifically tracing costs and any other fees and costs that have already been incurred or will be incurred in future.
4. I/we take note that I/we may apply for a subsidy and if the guidelines are met as set out in the South African Schools Act, I/we may then qualify for an exemption.
5. I/we take note that the fully completed subsidy form must be handed in by me/us to the debtors' clerk on/or before the 28th of February.
6. I/we take note that there will be no subsidy for hostel fees / tour fees / subject costs and/or workbooks/study guides.
7. I/we take note that the School has the right to re-evaluate my/our ability to pay school fees on a six-month basis and if my/our situation has/have changed, the school will bill me/us accordingly.
8. I/we take note that if my/our account still reflects a debit balance by the seventh of the month, an account as well as a final notice will be handed to me/us that I/we will be handed over to the attorney. It is my/our responsibility to contact the school in order to make a written arrangement.
9. I/we take note that if no written arrangement and or payment was made by the 7th of the next month; the account will be handed over to the attorneys to start debt collection.
10. I/we agree to the school's debt collection procedure.
11. I/we grant permission to access any information (including a credit bureau check) in order to assess my/our application and further grant permission to give the credit bureau details relating to the payment of my/our account.

12. The responsible parent/guardian of the learners hereby elects the address as stated in the enrolment form as their *domicilium citandi et executandi* where all forms of notification or correspondence may be delivered. The parent/guardian will inform the school in writing of any change of address.

III. DEBT COLLECTION PROCEDURE

Accounts with debit balances are sent out monthly, by hand, with learner. Text messages and emails are sent monthly to remind parents to pay outstanding fees. If school fees and / or tour fees are outstanding by the seventh of the next month a final reminder must go out to all debtors by the 15th of month to inform them that they can apply for a subsidy, and/or make an arrangement with respect to outstanding school fees and if they do not respond they will be handed over to the attorneys, for debt collection.

The aforementioned letter must be delivered by hand and / or sent out by registered mail. If no arrangement is made and / or a subsidy application is submitted by the seventh of the following month, the debtors will be handed over to the attorneys, for debt collection.

ACCOUNT RESPONSIBILITY – INFORMATION										
Relation to this pupil: (Please mark the applicable block)										
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other (Specify)
Father	Mother	Stepfather	Stepmother	Grandfather	Grandmother	Uncle	Aunt	<input type="checkbox"/> Foster parent		
TITLE, INITIALS AND SURNAME										
IDENTITY NUMBER										
RESIDENTIAL ADDRESS										
POSTAL ADDRESS										
OCCUPATION										
NAME OF EMPLOYER										
STREET ADDRESS OF EMPLOYER										
POSTAL ADDRESS OF EMPLOYER										
CELLULAR NUMBER						HOME				
WORK						FAX				
E-MAIL ADDRESS										

I agree and accept the conditions mentioned above.

SIGNATURE (PERSON RESPONSIBLE FOR ACCOUNT)

13. I/we accept that all reasonable care will be taken for the safety and well-being of the learner/s and that I/we shall be responsible for the payment of any medical and/or hospital account in the event of an accident occurring.
14. I/we hereby transfer my/our responsibility as parent/guardian to the principal of the school or his/her representative should medical care be required. To the best of my knowledge, my child is physically able to participate in activities and he/she is in good health.

IV. INFORMATION: PAST PUPILS

Details of learner's grandfather/grandmother/father/mother/brother/sister who are PAST PUPILS of LHS:

Surname	Name	Relation	Year	Tel nr

V. Hoërskool Lydenburg recognizes the importance of protecting personal information and endorses the principles contained in the Protection of Personal Information Act 2013. With this legislation in mind, I, as parent / guardian, hereby authorize my child to be photographed and that photos / video material with my child in it, may be used for the school's needs.

I/we declare that the form has been completed in full, and that the information is true and correct.

Signed at _____ on the ____ day of _____ (month) 202__.

SIGNATURE OF FATHER/GUARDIAN

ID NUMBER OF FATHER/GUARDIAN

SIGNATURE OF MOTHER/GUARDIAN

ID NUMBER OF MOTHER/GUARDIAN