

Naam van Leerder: _____
Name of Learner:
 Geboortedatum: _____ Geslag: M/V
Date of birth: *Gender: M/F*

Vir Jaar: 20.....
 For year:
 Graad:
 Grade:

Die aansoek MOET vergesels word met die volgende/The application MUST be accompanied by the following		Kontrole Check
1	Afskrif van Geboortesertifikaat / Copy of Birth Certificate	
2	Afskrif van Immuniseringskaart / Copy of Immunization Card	
3	Oorplasingertifikaat van Huidige Skool / Transfer Letter from Current School	
4	Jongste Vorderingsverslag / Latest Progress Report	
5	Afskrif van Beide Ouers / Voogde se ID Dokumente / Copy of Both Parents' / Guardians' ID Documents	
6	Afskrif van Mediese Fonds-kaart / Copy of Medical Aid Card	
7	Afskrif van die jongste betaalstaat van die rekeningpligtige. (indien selfwerksaam, die laaste 3 maande se bankstate) / Copy of the latest pay slip of the person responsible for school fees (if self-employed, the last 3 months' bank statements)	
8	Toelatingsfooi / Admission fee R_____. Hierdie toelatingsfooi is nie-terugbetaalbaar indien u kind nie Bethlehem Akademie kan bywoon nie. Dit is wel ingereken in die skoolfooi. / This is a non-refundable deposit if your child does not attend Bethlehem Academy next year.	

SLEGS VIR KANTOORGEBRUIK / ONLY FOR OFFICE USE		
Toelatingsnommer / Admission Number		
Rekeningnommer / Account Number		
Aard van Aansoek / Nature of Application	Oorplasing: Transfer	Nuut: New
WhatsApp Diens / Service	Selfoonnommer vir WhatsApp diens: Cellphone number for WhatsApp service:	

Tel: 078 452 6304

E-pos: bethlehemakademie@gmail.com

Preekstoelpad, Bethlehem 9700

Nota: Hierdie vorm moet volledig ingevul word. By alle veranderinge moet daar geparafeer of geteken word deur die ouer/voog. Deur die vorm in te vul, beteken nie dat die leerder tot die skool toegelaat is nie. Note: This form must be completed in full. All changes must be initialed or signed by the parent / guardian. By completing the form does not mean that the learner's application has been successful.

LEERDERBESONDERHEDE / LEARNER DETAILS

Van / Surname:		Geboorte Name / Birth names:	
Noemnaam / Nickname:		Geboorte Datum / Date of Birth:	
ID Nommer / ID Number:		Geslag: / Gender:	Ras: / Population group
Huistaal / Home Language:			

BESONDERHEDE VAN VORIGE SKOOL / DETAILS OF PREVIOUS SCHOOL

Naam van Skool: / Name of School:			
Adres van Skool: / Address of School:			
Poskode: / Postcode:	Provinsie: / Province:	Telnr: / Tel no:	Faksnr: / Fax no:

ALGEMENE BESONDERHEDE VAN LEERDER / GENERAL DETAILS OF LEARNER

Woonadres van Leerder / Residential address of Learner:		Leerder se Selfoonnr: / Learner Cell Phone No:	
		Noodgeval Tel Nr: / Number in Case of Emergency:	
Poskode: / Postcode:	Provinsie: / Province:	Burgerskap: / Citizenship:	Geloof: / Religion:
Oorlede Ouers: / Deceased Parents:	Moeder () / Mother ()	Vader () / Father ()	Albei () / Both ()
Indien een van bogenoemde, by wie bly die leerder? / If any of the above, with whom does the learner reside?			
(Gr 1 alleenlik): Dui aan voorskoolse opleiding (Gr 1 only): Indication of pre-school education	Geen () / None ()	Formeel () / Formal ()	Informeel () / Informal ()
Mediese toestand / Medical condition:			
Huisdokter: / Medical Doctor:		Dokter se Tel Nr: / Doctor Tel No:	
Naam van Mediese Fonds: / Name of Medical Aid:		Nommer van Mediese Fonds: / Number of Medical Aid:	
Hooflid van Mediese Fonds: / Mainmember of Medical Aid:			
Spesiale probleme wat aandag benodig / Special problems that require attention:			
Handigheid van Leerder: / Handiness of Learner:	Regshandig () / right-handed ()	Linkshandig () / Left-handed ()	
Maatskaplike Toelaag: / Social Grant:	JA () NEE () / YES () NO ()	Indien JA, voorsien asb toelaagnr: / If YES, Please Provide Grant No:	

OUER BESONDERHEDE / PARENTS' INFORMATION

<u>VADER / VOOG</u> <u>FATHER / GUARDIAN</u>		<u>MOEDER / VOOG</u> <u>MOTHER / GUARDIAN</u>	
Van / Surname:		Van / Surname:	
Geboorte Name: Birth names:		Geboorte Name: Birth Names:	
ID Nommer/ Number:		ID Nommer/ Number:	
Ras/Population group:		Ras/Population group:	
Huistaal/Home Language:		Huistaal/Home Language:	
Beroep/Profession:		Beroep/Profession:	
Werkgewer/Employer:		Werkgewer/Employer:	
Verwantskap met leerder: Relationship with learner:		Verwantskap met leerder: Relationship with learner:	
Woonadres/ Residential Address		Woonadres/ Residential Address	
Poskode/Postal Code:		Poskode/ Postal Code:	
Posadres/PO Box:		Posadres/PO Box:	
Poskode/ Postal Code:		Poskode/ Postal Code:	
Werk/Work Tel:		Werk/Work Tel:	
Huis/Home Tel:		Huis/Home Tel:	
Selfoon/Cell Phone:		Selfoon/Cell Phone:	
E-pos/E-Mail:		E-pos/E-Mail:	
Selfoonnr vir WhatsApp boodskappe t.o.v Skoolgeleenthede Cell Phone Number for WhatsApp Messages for School Events			
Selfoonnr of Nommers vir die Oopbel van die Hek. Cell Phone Number or Numbers for the Gate at the Entrance.			
Indien Biologiese Ouers Geskei is, By Wie Woon die Leerder? If Biological Parents are Divorced, where Does the Learner Reside?		Vader Father	Moeder Mother
		Oupa Grandpa	Ouma Grandma
		Ander Other	
Indien die leerder enige broers of susters in Bethlehem Akademie het, dui asseblief hieronder aan: If the learner has any brothers or sisters in Bethlehem Academy, please indicate below:			
<u>Naam & Van / Name & Surname</u>		<u>Graad / Grade</u>	<u>Posisie in gesin /</u> <u>Position in the family</u>
			1ste 1st
			2de 2nd
			3de 3rd
			4de 4th
			5de 5th

VERKLARING, ONDERNEMING EN TOESTEMMING / DECLARATION, UNDERTAKING AND PERMISSION

Ek, die ondergetekende, die wettige ouer/voog van die leerder verklaar: - / I, the undersigned, legitimate parent / guardian of the learner hereby declare: -

1. Dat al die inligting deur my in hierdie aansoekvorm verskaf en alle dokumentasie deur my by die aansoek aangeheg, na my beste wete volledig en korrek is. / That all the information provided by me in this application form and all documentation attached, is complete and correct to the best of my knowledge.
2. Dat ek my deeglik vergewis het van die volle inhoud van die skool se toelatingsbeleid, gedragkode en taalbeleid op grond waarvan toelating gebaseer word. / That I have been thoroughly acquainted with the full content of the School's Admission Policy, Code of Conduct and Language Policy based on which admission is based.
3. Dat ek begryp en aanvaar dat die toelating van die betrokke leerder onderworpe is aan die bindende onderneming deur my in paragraaf (2) hieronder gegee. / That I understand and accept that the admission of the learner concerned is subject to the binding undertaking given by me in paragraph (2) below.
4. Dat ek die betrokke leerder se geboorte sertifikaat, oorpasingertifikaat asook jongste rapport saam met die aansoek inhandig. / That I shall submit the relevant learner's birth certificate, transfer certificate and the latest report together with the application.
5. Dat ek die skool skriftelik en binne 'n redelike tyd in kennis sal stel indien my adres verander of indien enige wesenlike feit wat die skoolbywoning van die leerder raak, intree. / That I shall inform the school in writing and within a reasonable time if my address changes or any other changes affecting the attendance of the learner occurs.
6. Dat ek die skool skriftelik en betyds in kennis sal stel van enige aansteeklike siekte van die leerder of 'n ander persoon in die huishouding waarvan ek deel is. / That I shall inform the school in writing and well in advance of any contagious disease of the learner or another person in the household of which I am a member.
7. Dat ek alle redelike stappe sal doen om te verseker dat die betrokke leerder die skool sal bywoon op al die bepaalde dae wat hiervoor bepaal is. / That I will take all reasonable steps to ensure that the relevant learner will attend school on all the specified days.
8. Dat ek ten alle tye redelike stappe sal doen om te verseker dat die betrokke leerder alle bepalings van die skool se Gedragkode stiptelik nakom. / That at all times I will take reasonable steps to ensure that the learner in question meets all the provisions of the School's Code of Conduct.
9. Dat ek die leerder uit die skool sal neem indien toelating op grond van wesenlike wanvoorstelling verkry is of indien voorlopige toelating nie bekragtig word nie. / That I will remove the learner from school if admission has been obtained on the basis of material misrepresentation or if provisional admission is not confirmed.
10. Dat die leerder se taalregte in die skool volgens die skool se taalbeleid uitgeoefen sal word. / That the learner's language rights in the school will be conducted according to the school's language policy.
11. Dat die betrokke leerder aan al die goedgekeurde buitemuurse aktiwiteite van die skool, insluitende toere en uitstappies van 'n opvoedkundige aard, mag deelneem. / That the learner concerned may participate in all approved outdoor activities, including tours and excursions of an educational nature.
12. Aan die begin van elke akademiese jaar sal alle ouers / voogde 'n skriftelike ooreenkoms met die skool sluit vir die betaling van skoolgelde. / At the beginning of each academic year all parents / guardians will enter into a written agreement with the school for the payment of school fees.

Ek, die ondergetekende, onderneem om die skoolgeld as volg te betaal: / I, the undersigned, undertake to pay the school fees as follows:

Debiet Order Stop Order		Maandeliks/Kwartaalliks/Ses maandeliks/Eenmalig Monthly/Quarterly/Six monthly/Once-off	Reel self by u bank Arrange at your bank	
Elektroniese Oorpasing Electronic Funds Transfer		Maandeliks/Kwartaalliks/Ses maandeliks/Eenmalig Monthly/Quarterly/Six monthly/Once-off		
Betaling uit 'n Trust Payment by Trust		Maandeliks/Kwartaalliks/Ses maandeliks/Eenmalig Monthly/Quarterly/Six monthly/Once-off	Verskaf die Trustees se kontak besonderhede asb. Provide Trustees Details	

Ons aanvaar geen kontantbetalings by die skool of by die Bank nie. Bankkoste wat mag ontstaan a.g.v. betalings oor die toonbank van enige Bank sal by die leerder se skoolgeldrekening gevoeg word. / We do not accept cash payments at School or over the counter at the Bank. Bank charges arising from cash payments will be added to your School fees account.

OUER / VOOG VERANTWOORDELIK VIR SKOOLGELD / PARENT / GUARDIAN RESPONSIBLE FOR SCHOOL FEES

NAAM & VAN: NAME & SURNAME:		ID NOMMER: ID NUMBER:	
FISIESE ADRES: PHYSICAL ADDRESS:			
POSBUS ADRES: PO BOX ADDRESS:			
BEROEP / WERKGEWER: PROFESSION / EMPLOYER:		WERK TELEFOON NOMMER: WORK TELEPHONE NUMBER:	
SELFOON NOMMER: CELLPHONE NUMBER:		HANDTEKENING/SIGNATURE:	

ACKNOWLEDGEMENT:

I hereby acknowledge that I was informed that School fees must be paid in advance, before the 7th of every Month.

I HEREBY DECLARE THAT TO THE BEST OF MY KNOWLEDGE, THE ABOVE INFORMATION AS SUPPLIED IS ACCURATE AND CORRECT.

NAME OF PARENT/GUARDIAN/ACCOUNT PAYER: _____

SIGNATURE OF PARENT/GUARDIAN/ACCOUNT PAYER: _____

DATE: _____



ONDERNEMING WAT DEUR ALLE OUIERS / VOOGDE GETEKEN MOET WORD / UNDERTAKING WHICH MUST BE TAKEN BY ALL PARENTS / GUARANTEE

- Ek aanvaar die Christelike etos van die skool en dat onderrig by die skool geskied in ooreenstemming met die ewige waardes van die Bybel. / I accept the Christian ethos of the school and that teaching at school takes place in accordance with the eternal values of the Bible
- Ek aanvaar dat die voertaal by hierdie skool AFRIKAANS/ENGELS PARALELL MEDIUM is. / I accept that the language of instruction at this school is AFRIKAANS/ENGLISH.
- Ek aanvaar die akademiese standaard wat by hierdie skool gestel word. / I accept the academic standard set at this school
- Ek aanvaar die gesag en dissipline van die Hoof en Opvoeders van hierdie skool. / I accept the authority and discipline of the Principal and Educators of this school.
- Ek onderneem om my kind in erkende skooldrag te klee. / I undertake to clothe my child in recognized school uniform
- Ek onderneem om die vasgestelde skoolfonds stiptelik te betaal soos ooreengekom. / I undertake to pay the stipulated school fees as agreed.

OUIER/WETTIGE VOOG / PARENT/LEGAL GUARDIAN _____ (Handtekening/Signature)

NAAM VAN KIND / NAME OF CHILD _____

TOESTEMMING EN VRYWARING / PERMISSION AND DISCLAIMER

Ek/I, _____ (Volle Naam en Van/full Name and Surname),

die Ouer/Wettige Voog van / the Parent/Legal Guardian of

_____ (volle Naam en Van/full Name and Surname)

gee toestemming dat hy/sy/hulle aan alle sport / buitemuurse bedrywighede deur die skool onderneem, mag deelneem en toere en uitstappies mag meemaak & dat fotos geneem op sosiale media geplaas kan word asook gebruik kan word in advertensie of bemarkingsveldtog. / Grant permission for him / her to participate in all sport / outdoor activities at school, participate in tours and excursions and photos taken may be placed on reliable social media and used for advertising / marketing.

Uitsonderings/ Exceptions : _____

Ek vrywaar die hoof, opvoeders, persone in bevel of die skool teen enige eise wat mag spruit uit 'n ongeluk, besering of dood ten tye van die aktiwiteit, die heenreis of die terugreis / I indemnify the principal, educators, injured persons or the School against any claims arising from an accident, injury or death at the time of the activity, the journey or the return journey.

Ek gee volmag aan die persone in bevel om volgens hulle oordeel wanneer nodig: - / I grant authority to the persons in charge to judge accordingly: -

Noodhulp toe te pas of te laat toepas, medisyne toe te dien of toestemming te verleen tot enige mediese behandeling, insluitend 'n operasie, wat volgens die oordeel van 'n Mediese Praktisyn vir die welstand van my kind nodig mag wees / To apply emergency care or to apply, administer medicine or grant permission for any medical treatment, including an operation, which, in my opinion, is considered necessary by a Medical Practitioner for the wellbeing of my child.

Handtekening : Ouer / Wettige Voog / Signature : Parent / Legal Guardian: _____

Mediese Fonds/Medical Aid: _____

Mediese Fonds Nr / Medical Aid No: _____

Huisdokter en Telefoonnommer / House Doctor and Telephone Number: _____

**Preekstoelpad****E-pos: bethlehemakademie@gmail.com****Bethlehem 9700****Tel: 078 4526304**

Liewe Ouers / Dear Parents

Date: _____

Ons benodig vir die Departementele program 'n bewys van ALLE medikasie wat u kind tans gebruik en as daar enige bewys is van 'n mediese probleem wat by u kind geïdentifiseer is (bv. Aandag afleibaarheid, disleksie ens...) Ons moet die kinders registreer om vrystelling van sekere akademies te kry bv spelling, lees van vraestelle ens. U kan vir my 'n verslag van 'n dokter, sielkundige of enige persoon gee deur wie die kind geëvalueer is asook 'n afskrif van 'n voorskrif van 'n Dokter. Ek moet die medikasie ook op die sisteem invul. // For the Departmental Programme, we need proof of ALL medication your child is currently using and if there is any evidence of a medical problem identified by your child (eg Attention Deficit, Dyslexia etc.) We must register the children for exemption from certain academies eg spelling, reading papers etc. You can give me a report from a Doctor, Psychologist, or any person by whom the child is being evaluated as well as a copy of a prescription from a Doctor. I also must record the medication on the system.

Leerders wat al op medikasie was, moet ook aangeteken word. En Ouers wat nie meer medikasie toedien nie, moet ook aanteken wie gesê het dat die medikasie gestaak mag word. // Learners already on medication must also be recorded. And Parents who discontinue medication must also record who said that the medication may be discontinued

Vul asseblief vir my die vorm in & stuur terug saam met u aansoekvorm. // Please complete the form and return it with your application form.

My kind / my child _____ (Naam & Van // Name & Surname) -

neem tans/het al die volgende medikasie gebruik // takes / has used all of the following medication:

Probleem wat geïdentifiseer was // Problem identified:

Dokter/Persoon se Naam // Doctor/Person Name:

Indien medikasie gestaak is, wie het dit aanbeveel // If medication has been discontinued, who recommended it:

HANDTEKENING: OUER // SIGNATURE PARENT

AFTERCARE APPLICATION FORM (R600 per Month)

Name and surname of learner: _____

Start Date: _____

Grade: _____

Gender: _____

Person/ s responsible for learner transport: _____/ _____

Contact number/ s: _____/ _____

If learner is on any medication indicate: _____

If learner has any allergies, indicate: _____

In case of emergency contact: _____/ _____

Person responsible of payment: _____

Contact number: _____/ _____

I, _____ (parent of learner) understand that aftercare is payable at the beginning of every month. I also understand that my child cannot be picked up later than 17:15.

Indemnity

I, the undersigned parent / guardian of the above-mentioned learner, hereby indemnify Bethlehem Akademie ("the school") irrevocably that I under no circumstances or in the event of any incident, of whatever nature, the school, the staff and / or employee of the school, will hold their representatives or legal successors at all liable for any injuries, damages (including consequential damages) or loss that may result from any accident, event or incident, of whatever nature, while my child is under the direct care of the school, staff or other employee of the school, their representatives or legal successors. This includes the transport of learners.

Signature of parent/ guardian
