



LEARNER SCHOOL REAPPLICATION 2022

CLOSING DATE FOR APPLICATIONS: 22 OCTOBER 2021

LEERDER SKOOL HERAANSOEK 2022

SLUITINGSDATUM VIR AANSOEKE: 22 OKTOBER 2021

Please print in capitals in BLACK ink and complete ALL Sections.
Supplying false information will invalidate this application.

Skryf asb duidelik in hoofletters met 'n SWART pen en vul alle afdelings in.
Die verskaffing van vals inligting sal hierdie aansoek ongeldig maak

LEARNER INFORMATION (AS REQUESTED BY DEPARTMENT OF EDUCATION) LEERLINGINLIGTING (SOOS DEUR ONDERWYS DEPARTEMENT VERLANG)

SURNAME OF LEARNER
LEERLING VAN

FULL NAMES OF LEARNER
VOLLE NAME

NICKNAME **ID**
NOEMNAAM ID

CURRENT GRADE GR. 8 GR. 9 GR. 10 GR. 11 GR. 12
HUIDIGE GRAAD

CURRENT AGE **GENDER** MALE FEMALE
HUIDIGE OUDERDOM GESLAG MANLIK VROULIK

POPULATION GROUP WHITE BLACK COLORED ASIAN OTHER
BEVOLKINGSGROEP WIT SWART KLEURLING INDIËR OTHER

CITIZENSHIP
BURGERSKAP

FOR OFFICE USE ONLY / VIR KANTOOR GEBRUIK

REGISTER CLASS: **ACCOUNT NO:** **ADMISSION NUMBER:**
KLAS: REKENING NR: TOELATINGSNOMMER:

DECEASED PARENT
OUER OORLEDE

MOTHER
MOEDER

FATHER
VADER

BOTH
ALBEI

NONE
GEEN

LEARNER RESIDES WITH BOTH PARENTS
LEERLING BLY SAAM MET BEIDE OUERS

YES
JA

NO
NEE

RELIGION
GELOOF

LEARNER CELL NO.
LEERLING SELFOON NR.

TELL. NO. IN CASE OF EMERGENCIES
TEL. NR. INGEVAL VAN NOOD

SIBLINGS IN LIGBRON
BROERS/SUSTERS IN LIGBRON

YES
JA

NO
NEE

HOME LANGUAGE
HUISTAAL

IF YES/AS JA:

NAME AND SURNAME
NAAM EN VAN

CURRENT GRADE
HUIDIGE GRAAD

NAME AND SURNAME
NAAM EN VAN

CURRENT GRADE
HUIDIGE GRAAD

NAME AND SURNAME
NAAM EN VAN

CURRENT GRADE
HUIDIGE GRAAD

NAME AND SURNAME
NAAM EN VAN

CURRENT GRADE
HUIDIGE GRAAD

NAME AND SURNAME
NAAM EN VAN

CURRENT GRADE
HUIDIGE GRAAD

ALTERNATIVE CONTACT INFORMATION AND MEDICAL INFORMATION
ALTERNATIEWE KONTAKBESONDERHEDE EN MEDIESE BESONDERHEDE VIR LEERLING

NAME AND SURNAME (NOT PARENTS)
NAAM EN VAN (NIE OUERS NIE)

RELATIONSHIP
VERWANTSAP

CONTACT NO.
KONTAK NR.

MEDICAL AID NAME
NAAM VAN MEDIESE FONDS

MEDICAL AID NO.
LIDNOMMER

PRINCIPAL MEMBER
NAAM VAN HOOFLID

DOCTOR'S NAME
NAAM VAN DOKTER

CONTACT NO.
TELEFOON NR.

MEDICAL CONDITION OF LEARNER E.G. SIGHT OR HEARING PROBLEMS (ATTACH RELEVANT DOCUMENTATION)

MEDIESE TOESTAND VAN KIND BV. SIG-EN GEHOORPROBLEME
(HEG NODIGE VERSLAE AAN INDIEN NODIG)

IS THE LEARNER ON ANY MEDICATION THAT THE SCHOOL MUST KNOW OF, E.G. ANTI-DEPRESSANT, RITALIN

IS U KIND OP ENIGE MEDIKASIE WAARVAN DIE SKOOL BEWUS MOET WEES BV. ANTI-DEPRESANTE, RITALIN

**SPECIAL PROBLEMS REQUIRING ATTENTION/COUNSELING
E.G. ADHD (ATTACH ANY RELEVANT DOCUMENTATION)**

*SPESIALE PROBLEME WAT AANDAG/BERADING NODIG HET
BV. ADHD (HEG NODIGE VERSLAE AAN)*

**PARENT/GUARDIAN INFORMATION
OUER/VOOG GEGEWENS**

FATHER (PARENT 1) VADER (OUER 1)	MOTHER (PARENT 2) MOEDER (OUER 2)	GUARDIAN (OTHER) VOOG (ANDER)
MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> <i>GETROUD</i> <input type="checkbox"/> <i>GESKEI</i> <input type="checkbox"/>	MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> <i>GETROUD</i> <input type="checkbox"/> <i>GESKEI</i> <input type="checkbox"/>	RELATIONSHIP TO LEARNER <i>VERWANTSKAP TOT LEERDER</i>
WIDOWED <input type="checkbox"/> SINGLE <input type="checkbox"/> <i>WEWENAAR</i> <input type="checkbox"/> <i>ENKEL</i> <input type="checkbox"/>	WIDOWED <input type="checkbox"/> SINGLE <input type="checkbox"/> <i>WEWENAAR</i> <input type="checkbox"/> <i>ENKEL</i> <input type="checkbox"/>	
TITLE <input type="text"/> <i>TITEL</i>	TITLE <input type="text"/> <i>TITEL</i>	TITLE <input type="text"/> <i>TITEL</i>
SURNAME <input type="text"/> <i>VAN</i>	SURNAME <input type="text"/> <i>VAN</i>	SURNAME <input type="text"/> <i>VAN</i>
INITIALS <input type="text"/> <i>VOORLETTERS</i>	INITIALS <input type="text"/> <i>VOORLETTERS</i>	INITIALS <input type="text"/> <i>VOORLETTERS</i>
FULL NAMES <input type="text"/> <i>VOLLE NAME</i>	FULL NAMES <input type="text"/> <i>VOLLE NAME</i>	FULL NAMES <input type="text"/> <i>VOLLE NAME</i>
<input type="text"/>	<input type="text"/>	<input type="text"/>
NICKNAME <input type="text"/> <i>NOEMNAAM</i>	NICKNAME <input type="text"/> <i>NOEMNAAM</i>	NICKNAME <input type="text"/> <i>NOEMNAAM</i>
ID NO. <input type="text"/> <i>ID NR.</i>	ID NO. <input type="text"/> <i>ID NR.</i>	ID NO. <input type="text"/> <i>ID NR.</i>
HOME LANGUAGE <input type="text"/> <i>HUISTAAL</i>	HOME LANGUAGE <input type="text"/> <i>HUISTAAL</i>	HOME LANGUAGE <input type="text"/> <i>HUISTAAL</i>

RESIDENTIAL ADDRESS

WOONADRES

POSTAL ADDRESS

POSADRES

WORK NO.

WERK NR.

CELL NO.

SEL NR.

E-MAIL

E-POS

EMPLOYER

WERKGEWER

OCCUPATION

BEROEP

LEARNER RESIDES WITH THIS PARENTWOON LEERLING BY
HIERDIE OUER
YES **NO**
 JA NEE
RESIDENTIAL ADDRESS

WOONADRES

POSTAL ADDRESS

POSADRES

WORK NO.

WERK NR.

CELL NO.

SEL NR.

E-MAIL

E-POS

EMPLOYER

WERKGEWER

OCCUPATION

BEROEP

LEARNER RESIDES WITH THIS PARENTWOON LEERLING BY
HIERDIE OUER
YES **NO**
 JA NEE
RESIDENTIAL ADDRESS

WOONADRES

POSTAL ADDRESS

POSADRES

WORK NO.

WERK NR.

CELL NO.

SEL NR.

E-MAIL

E-POS

EMPLOYER

WERKGEWER

OCCUPATION

BEROEP

LEARNER RESIDES WITH THIS PARENTWOON LEERLING BY
HIERDIE OUER
YES **NO**
 JA NEE

SCHOOL FEES UNDERTAKING - ACCOUNTABLE PERSON'S INFORMATION

REKENINGPLIGTIGE PERSOON - INLIGTING

SCHOOL FEES ARE PAID BY: FATHER (PARENT 1) **MOTHER (PARENT 2)** **OTHER**
 SKOOLGELDE WORD BETAAL DEUR: VADER (OUER 1) MOEDER (OUER 2) ANDER

ONLY IF 'OTHER', PLEASE COMPLETE SECTION BELOW
 SLEGS INDIEN **ANDER**, VOLTOOI ONDERSTAANDE GEDEELTE

TITLE **INITIALS** **SURNAME**
 TITEL VOORLETTERS VAN

FULL NAMES **NICKNAME**
 VOLLE NAME NOEMNAAM

ID NO. **HOME LANGUAGE**
 ID NR. HUISTAAL

RESIDENTIAL ADDRESS **POSTAL ADDRESS**
 WOONADRES POSADRES

E-MAIL **CELL NO.**
 E-POS SEL NR.

EMPLOYER

WORK NO. **OCCUPATION**
 WERK NR. BEROEP

TUITION FEES / ONDERRIGGELDE

Per Year

Per Jaar

R27,600.00

Commencement payment with enrollment

Aanvangsbetaling met inskrywing

R2,600.00

Per Month (10 Months) February - November

Per maand (10 maande) Februarie - November

R2,500.00

CONTRACT WITH SCHOOL WITH REGARD TO PAYMENT OF SCHOOL FEES

KONTRAK MET SKOOL TEN OPSIGTE VAN BETALING VAN SKOOLFONDS

AGREEMENT BETWEEN LIGBRON ACADEMY OF
TECHNOLOGY AND WITH REGARD TO THE PAYMENT OF
SCHOOL FEES

OOREENKOMS TUSSEN LIGBRON AKADEMIE VIR
TEKNOLOGIE EN T.O.V. BETALING VAN SKOOLGELD.

NAME OF PARENT/GUARDIAN / NAAM VAN OUER/VOOG

1. Ligbron Academy of Technology is a Section 21 Public School and may raise school fees in terms of the South African School Act (Act No. 84 of 1996) and the National Education Policy Act (Act No. 27 of 1996) – National norms and standards of School Funding.

2. As a parent/guardian you are liable to pay school fees determined in terms of Section 39 of the South African Schools Act, unless or to the extent that you have been exempted from payment in terms of the said act.

3. Should a court determine that another person is liable for the school fees, it still remains the responsibility of the parents/guardians who qualify as parents in terms of the definition "parent" as contained in the SA Schools Act, to ensure that the school fees are paid.

4. Payment of school fees to Ligbron Academy of Technology will be made as follows: (Please tick the applicable below)

Full payment with registration or first school day.

Volle betaling met registrasie of eerste skooldag

Monthly payments.

Maandelikse betalings

Alternative arrangements will be made with the School in writing on my own responsibility.

Ander reëling sal skriftelik met die Skool getref word op my verantwoordelikheid.

5. Should you wish to appeal against a decision of the Governing Body regarding the exemption from payment of school fees, you can do so at the Head of Department from the Department of Education, who will at all times ensure compliance to the mentioned Acts and is obliged to follow proper legal procedures to protect the rights of both you as a parent and the School Governing Body.

6. I/We are aware of the application process of exemption of school fees for 2021 and if exemption is required, we will complete the relevant application form.

7. Should payments of school/hostel fees be in arrears, I shall be accountable for the payment of fees that may arise in the effort to collect the fees on an attorney and client scale.

8. I choose the following address as my domicillium citandi et executandi for delivery or serving of any notices or pleadings:

5. Indien u wil appelleer teen 'n beslissing van die Beheerliggaam ten opsigte van die vrystelling van u verpligting van skoolgelde, kan u dit doen by die Departementshoof van die Onderwysdepartement wat te alle tye die bepalinge van bogenoemde Wetgewing sal toepas en verplig sal wees om 'n behoorlike regsproses te volg, ten einde die belange van u as ouer en van die Beheerliggaam te beskerm.

6. Ek/Ons is bewus dat ons kan aansoek doen vir vrystelling (gedeeltelik of ten volle) van skoolgelde vir 2021 en indien ons van voorneme is om aansoek te doen vir vrystelling, sal die relevante aansoekvorm volledig voltooi word.

7. Indien ek agterstallig is met betaling van skool/koshuisgelde, sal ek aanspreeklik wees vir betaling van die kostes aangegaan om dit in te vorder op 'n prokureur en kliënteskaal.

8. Ek kies hierdie onderstaande adres as my domicillium citandi et executandi vir aflewering of betekening van kennisgewings of pleitstukke:

HOME ADDRESS(NOT POSTAL ADDRESS) / WOONADRES (NIE POSADRES NIE)

9. I/We the parents/guardian undertake to honour the agreement as set out above.

9. Ek/Ons die ouers/voog onderneem om my/ons te hou by die ooreenkoms soos hierbo uiteengesit.

SIGNATURE OF PARENT/GUARDIAN
HANDTEKENING VAN OUER/VOOG

DATE
DATUM

CONSENT FORM PERSONAL INFORMATION TOESTEMMINGS VORM VIR PERSOONLIKE INLIGTING

The personal information provided in this form is required for processing of applications for admissions and processing of all school finances.

Die persoonlike inligting wat in hierdie vorm verskaf word, is nodig vir die verwerking van aansoek om toelating en die verwerking van alle skoolfinansies.

We/I hereby voluntarily provide the personal information as required and consent to the information being processed for the purpose for which it is required.

Hiermee gee ek vrywillig die persoonlike inligting soos benodig en gee toestemming dat die inligting verwerk word vir die doel waarvoor dit nodig is.

FULL NAME AND SURNAME
VOLLE NAAM EN VAN

SIGNATURE
HANDTEKENING

DATE
DATUM

CONSENT FOR PUBLISHING ON SOCIAL MEDIA TOESTEMMING OM LEERDER FOTO'S OP SOSIALE MEDIA TE PUBLISEER

As a student spends most of his day at school, we feel it of high importance to make the parents part of their scholastic life and their achievements, academics, and extra-mural activities.

Aangesien 'n student die grootste gedeelte van sy dag by die skool spandeer, is dit van groot belang dat die ouers deel van hul skolastiese lewe, hul prestasies en deelname op sport- en kultuurgebied moet wees.

Due to various laws and regulations we have to adhere to, we have been advised by our Legal Department that the parent/guardian of each child must give the school consent to publicise their child's photo, whether it is Academic or Sport photos in/on any form of media, for example: newspapers, Instagram, Facebook, Digi TV or the school's Website.

Weens verskeie wette en regulasies wat ons moet nakom, is ons deur ons Regsafdeling aangeraai dat die ouer / voog van elke kind die skool toestemming moet gee om hul kind se foto te publiseer, of dit akademiese of sportfoto's is, in / op enige vorm van media, byvoorbeeld: koerante, Instagram, Facebook, Digi TV of die skool se webwerf.

I
EK

FULL NAME AND SURNAME
VOLLE NAAM EN VAN

PARENT/GAURDIAN OF
OUER / VOOG VAN

LEARNERS NAME & SURNAME
LEERDER SE NAAM EN VAN

GIVE PERMISSION / DO NOT GIVE PERMISSION
GEE TOESTEMMING / GEE NIE TOESTEMMING
(CANCEL WHICH IS NOT APPLICABLE)
(Kanselleer wat nie van toepassing is nie)

TO LIGBRON ACADEMY OF TECHNOLOGY TO PUBLISH MY CHILD'S PHOTO IN/ON ANY MEDIA
AAN LIGBRON AKADEMIE VIR TEGNOLOGIE OM MY KIND SE FOTO IN ENIGE MEDIA TE PUBLISEER

Please note: Ligbron Academy of Technology will never publish a photo which is harmful, insulting or belittling towards any student or staff member.

Let wel: Ligbron Akademie vir Tegnologie sal altyd alles in hulle vermoë doen om te voorkom dat 'n foto wat skadelik of beledigend is teenoor enige student, of personeellid, publiseer word.