



APPLICATION FORM NEW LEARNERS

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

LEARNER FULL NAME

LEARNER SURNAME YEAR APPLYING FOR 20

GRADE APPLYING FOR **GR. 8** **GR. 9** **GR. 10** **GR. 11** **GR. 12**

NAME OF CURRENT/PREVIOUS SCHOOL

APPLICATION INFORMATION AND REQUIREMENTS

THE APPLICATION MUST BE ACCOMPANIED BY CERTIFIED COPIES OF THE FOLLOWING DOCUMENTS.

- ID documents of both parents and/or account payers.
- Learner's birth certificate or ID document.
- Learner's birth certificate and Passport for Non SA citizens.
- Copy of Study Permit (If applicable).
- Latest school report
- Testimonial from school (Schools outside Ermelo)
- Transfer letter when leaving current school.
- 2 scanned colour passport-size ID photos.
- Any certificates for Extramural achievements Grade 6 and 7.
- Copy of Medical card.
- Testimonial from current school.
- Copies of any relevant medical conditions and psychological reports (learner tested for learning disabilities)

Please attach 2 Colour ID photos here

SCHOOL APPLICATION - FOR OFFICE USE

APPROVED

DECLINED

SIGNATURE NAME

SKOOLHOOF

DATUM:

CLASS

START DATE

ADMISSION NUMBER:

SA-SAMS

SCAN GEB SERT

LEARNER PROFILE

COPY FINANCE

----- HOSTEL APPLICATION -----

APPROVED

DECLINED

SIGNATURE NAME

SIGNATURE NAME

PRINCIPAL

HOSTEL

REMARKS BY APPROVAL COMMITTEE _____

LEARNER INFORMATION (AS REQUESTED BY DEPARTMENT OF EDUCATION)

SURNAME OF LEARNER

FULL NAMES OF LEARNER

NAME CALLED BY ID

CURRENT AGE GENDER MALE FEMALE

POPULATION GROUP WHITE BLACK COLORED ASIAN OTHER

CITIZENSHIP

DECEASED PARENT MOTHER FATHER BOTH NONE

LEARNER RESIDES WITH BOTH PARENTS YES NO RELIGION

MODE OF TRANSPORT TO SCHOOL

LEARNER CELL NO. CELL NO IN CASE OF EMERGENCIES

GRADE CURRENTLY BUSY WITH

NAME OF CURRENT/PREVIOUS SCHOOL

PROVINCE OF CURRENT/PREVIOUS SCHOOL

ADDRESS OF CURRENT/PREVIOUS SCHOOL

HOME LANGUAGE MEDIUM OF INSTRUCTION AFRIKAANS ENGLISH

OTHER SIBLINGS IN LIGBRON YES NO

IF YES:

NAME AND SURNAME CURRENT GRADE

NAME AND SURNAME CURRENT GRADE

NAME AND SURNAME CURRENT GRADE

NAME AND SURNAME CURRENT GRADE

CURRENT EXTRA-MURAL ACTIVITIES (MARK ALL APPLICABLE ITEMS)

ATHLETICS GOLF DRAMA TENNIS

HOCKEY RUGBY CHESS CHOIR

NETBALL CRICKET ORATORS MUSIC

NONE

PLEASE MENTION ANY SPORT OR CULTURAL ACHIEVEMENTS
(INDIVIDUAL, REGION, PROVINCE, NATIONAL TEAMS)

LEADER POSITIONS

HEAD BOY

HEAD GIRL

PREFECT

NONE

OTHER

ALTERNATIVE CONTACT INFORMATION AND MEDICAL INFORMATION

NAME AND SURNAME (NOT PARENTS)

RELATIONSHIP

CONTACT NO.

MEDICAL AID NAME

MEDICAL AID NO

PRINCIPAL MEMBER

DOCTOR'S NAME

CONTACT NO

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

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

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

DEXTERITY OF LEARNER

RIGHT HANDED

LEFT HANDED

AMBIDEXTROUS

PARENT/GUARDIAN INFORMATION

FATHER INFORMATION (PARENT 1)

MARITAL STATUS

MARRIED DIVORCED

WIDOWED SINGLE

TITLE

SURNAME

INITIALS

BIRTH NAMES

NICKNAME

ID NO.

HOME LANGUAGE

RESIDENTIAL ADDRESS

POSTAL ADDRESS

WORK NO.

CELL NO.

E-MAIL

EMPLOYER

OCCUPATION

LEARNER RESIDES WITH
THIS PARENT

YES NO

MOTHER INFORMATION (PARENT 2)

MARITAL STATUS

MARRIED DIVORCED

WIDOWED SINGLE

TITLE

SURNAME

INITIALS

BIRTH NAMES

NICKNAME

ID NO.

HOME LANGUAGE

RESIDENTIAL ADDRESS

POSTAL ADDRESS

WORK NO.

CELL NO.

E-MAIL

EMPLOYER

OCCUPATION

LEARNER RESIDES WITH
THIS PARENT

YES NO

GUARDIAN (OTHER)

RELATIONSHIP TO LEARNER

TITLE

SURNAME

INITIALS

BIRTH NAMES

NICKNAME

ID NO.

HOME LANGUAGE

RESIDENTIAL ADDRESS

POSTAL ADDRESS

WORK NO.

CELL NO.

E-MAIL

EMPLOYER

OCCUPATION

LEARNER RESIDES WITH
THIS PARENT

YES NO

SCHOOL FEES UNDERTAKING - ACCOUNTABLE PERSON'S INFORMATION

SCHOOL FEES ARE PAID BY:

FATHER (PARENT 1)

MOTHER (PARENT 2)

OTHER

ONLY IF '**OTHER**', PLEASE COMPLETE SECTION BELOW

TITLE	<input type="text"/>	INITIALS	<input type="text"/>	SURNAME	<input type="text"/>
FULL NAMES	<input type="text"/>	NICKNAME	<input type="text"/>		
ID NO.	<input type="text"/>	HOME LANGUAGE	<input type="text"/>		
RESIDENTIAL ADDRESS	<input type="text"/>	POSTAL ADDRESS	<input type="text"/>		
<input type="text"/>		<input type="text"/>			
<input type="text"/>		<input type="text"/>			
WERK NR.	<input type="text"/>	CELL NO.	<input type="text"/>		
E-POS	<input type="text"/>				
WORK NO.	<input type="text"/>	BEROEP	<input type="text"/>		

CONTRACT WITH SCHOOL WITH REGARD TO PAYMENT OF SCHOOL FEES

Agreement between Ligbron Academy of Technology and _____
(name of parent/guardian) with regard to the payment of school fees

- 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.
- 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.
- 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 die SA Schools Act, to ensure that the school fees are paid.
- 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.
- Monthly payments.
- Alternative arrangements will be made with the School in writing on my own responsibility.

- 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.
- I/We are aware of the application process of exemption of school fees and if exemption is required, we will complete the relevant application form.
- 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.
- I choose the following address as my domicillium citandi et executandi for delivery or serving of any notices or pleadings:
Residential address (Not a postal address):

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

SIGNATURE OF PARENT/GUARDIAN

DATE

DO YOU APPLY FOR ACCOMMODATION IN THE HOSTEL **YES** **NO**

IF, BUS TRANSPORT IS AVAILABLE, WILL YOU MAKE USE OF IT **YES** **NO**

HOSTEL APPLICATION FORM

I/We

_____ (Name) hereby apply for our child to stay in the Hostel.

Name of learner: _____ Grade: _____

Reason for application: _____

Date in hostel: _____

PERSON ACCOUNTABLE FOR HOSTEL FEES

RELATIONSHIP TO CHILD

TITLE INITIALS SURNAME

FULL NAMES NICKNAME

ID NO. HOME LANGUAGE

HOME ADDRESS POSTAL ADDRESS

WORK NO. CELL NO.

E-MAIL

EMPLOYER OCCUPATION

AGREEMENT

Hostel Fees are strictly payable in advance. Payment of hostel fees to Ligbron Academy of Technology will be made as follows:(Please tick the applicable block)

Per Quarter

Per Month

I/We the parents/guardian undertake to honour the agreement as set out above, if not, Ligbron Academy may take the necessary steps.

SIGNATURE OF PARENT/GUARDIAN

DATE

CONSENT FORM PERSONAL INFORMATION

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

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.

FULL NAME AND SURNAME

SIGNATURE

DATE

CONSENT FOR PUBLISHING ON SOCIAL MEDIA

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.

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.

I

FULL NAME AND SURNAME

PARENT/GAURDIAN OF

LEARNERS NAME & SURNAME

GIVE PERMISSION / DO NOT GIVE PERMISSION
(CANCEL WHICH IS NOT APPLICABLE)

TO LIGBRON ACADEMY OF TECHNOLOGY TO PUBLISH MY CHILD'S PHOTO IN/ON ANY MEDIA

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