



# HOSTEL RE-APPLICATION KOSHUIS HER-AANSOEK



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 NICKNAME**   
*LEERLING NOEMNAAM*

**LEARNER LAST NAME**   
*LEERLING VAN*

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

**ACCOUNT NO:**                       **ADMISSION NUMBER:**   
*REKENING NR:*                                      *TOELATINGSNOMMER:*

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

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

**CITIZENSHIP**   
*BURGERSKAP*

**DECEASED PARENT**                      **MOTHER**                       **FATHER**                       **BOTH**                       **NONE**   
*OUER OORLEDE*                      *MOEDER*                      *VADER*                      *ALBEI*                      *GEEN*

**LEARNER RESIDES WITH BOTH PARENTS**    **YES**                       **NO**                       **RELIGION**   
*LEERLING BLY SAAM MET BEIDE OUERS*    *JA*                      *NEE*                      *GELOOF*

**LEARNER CELL NO.**                       **TEL. NO. IN CASE OF EMERGENCIES**   
*LEERLING SELFOON NR.*                      *TEL. NR. INGEVAL VAN NOOD*

**SIBLINGS IN LIGBRON**                      **YES**                       **NO**                       **HOME LANGUAGE**   
*BROERS/SUSTERS IN LIGBRON*                      *JA*                      *NEE*                      *HUISTAAL*

**IF YES/AS JA:**

<b>NAME AND SURNAME</b> <input type="text"/> <i>NAAM EN VAN</i>	<b>CURRENT GRADE</b> <input type="text"/> <i>HUIDIGE GRAAD</i>
<b>NAME AND SURNAME</b> <input type="text"/> <i>NAAM EN VAN</i>	<b>CURRENT GRADE</b> <input type="text"/> <i>HUIDIGE GRAAD</i>
<b>NAME AND SURNAME</b> <input type="text"/> <i>NAAM EN VAN</i>	<b>CURRENT GRADE</b> <input type="text"/> <i>HUIDIGE GRAAD</i>
<b>NAME AND SURNAME</b> <input type="text"/> <i>NAAM EN VAN</i>	<b>CURRENT GRADE</b> <input type="text"/> <i>HUIDIGE GRAAD</i>
<b>NAME AND SURNAME</b> <input type="text"/> <i>NAAM EN VAN</i>	<b>CURRENT GRADE</b> <input type="text"/> <i>HUIDIGE GRAAD</i>

# 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**  **CONTACT NO.**   
*VERWANTSKAP* *KONTAK NR.*

**MEDICAL AID NAME**  **MEDICAL AID NO**   
*NAAM VAN MEDIESE FONDS* *LIDNOMMER*

**PRINCIPAL MEMBER**   
*NAAM VAN HOOFLID*

**DOCTOR'S NAME**  **CONTACT NO**   
*NAAM VAN DOKTER* *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)*

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**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*

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**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)*

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**REASON FOR APPLICATION**  
*REDE VIR AANSOEK*

**DATE IN HOSTEL**   
*DATUM IN KOSHUIS*

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**IF BUS TRANSPORT IS AVAILABLE, WILL YOU MAKE USE OF IT.**  
*AS DAAR BUSVERVOER BESKIKBAAR IS, SAL U DAARVAN GEBRUIK MAAK.*

**YES**   
*JA*

**NO**   
*NEE*

# PARENT/GUARDIAN INFORMATION

## OUER/VOOG GEGEWENS

**FATHER (PARENT 1)**  
**VADER (OUER 1)**

**MARITAL STATUS**  
*HUWELIKSTATUS*

**MARRIED**  **DIVORCED**   
*GETROUD*  *GESKEI*

**WIDOWED**  **SINGLE**   
*WEWENAAR*  *ENKEL*

**TITLE**   
*TITEL*

**SURNAME**   
*VAN*

**INITIALS**   
*VOORLETTERS*

**FULL NAMES**   
*VOLLE NAME*

**NICKNAME**   
*NOEMNAAM*

**ID NO.**   
*ID NR.*

**HOME LANGUAGE**   
*HUISTAAL*

**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 PARENT**  
*WOON LEERLING BY HIERDIE OUER*

**YES**  **NO**   
*JA*  *NEE*

**MOTHER (PARENT 2)**  
**MOEDER (OUER 2)**

**MARITAL STATUS**  
*HUWELIKSTATUS*

**MARRIED**  **DIVORCED**   
*GETROUD*  *GESKEI*

**WIDOWED**  **SINGLE**   
*WEWENAAR*  *ENKEL*

**TITLE**   
*TITEL*

**SURNAME**   
*VAN*

**INITIALS**   
*VOORLETTERS*

**FULL NAMES**   
*VOLLE NAME*

**NICKNAME**   
*NOEMNAAM*

**ID NO.**   
*ID NR.*

**HOME LANGUAGE**   
*HUISTAAL*

**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 PARENT**  
*WOON LEERLING BY HIERDIE OUER*

**YES**  **NO**   
*JA*  *NEE*

**GUARDIAN (OTHER)**  
**VOOG (ANDER)**

**RELATIONSHIP TO LEARNER**  
*VERWANTSKAP TOT LEERDER*

**TITLE**   
*TITEL*

**SURNAME**   
*VAN*

**INITIALS**   
*VOORLETTERS*

**FULL NAMES**   
*VOLLE NAME*

**NICKNAME**   
*NOEMNAAM*

**ID NO.**   
*ID NR.*

**HOME LANGUAGE**   
*HUISTAAL*

**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 PARENT**  
*WOON LEERLING BY HIERDIE OUER*

**YES**  **NO**   
*JA*  *NEE*

# HOSTEL FEES UNDERTAKING - ACCOUNTABLE PERSON'S INFORMATION

## REKENINGPLIGTIGE PERSOON - INLIGTING

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

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

<b>TITLE</b> TITEL	<input type="text"/>	<b>INITIALS</b> VOORLETTERS	<input type="text"/>	<b>SURNAME</b> VAN	<input type="text"/>
<b>FULL NAMES</b> VOLLE NAME	<input type="text"/>		<b>NICKNAME</b> NOEMNAAM	<input type="text"/>	
<b>ID NO.</b> ID NR.	<input type="text"/>		<b>HOME LANGUAGE</b> HUISTAAL	<input type="text"/>	
<b>RESIDENTIAL ADDRESS</b> WOONADRES	<input type="text"/>		<b>POSTAL ADDRESS</b> POSADRES	<input type="text"/>	
<input type="text"/>			<input type="text"/>		
<input type="text"/>			<input type="text"/>		
<b>E-MAIL</b> E-POS	<input type="text"/>		<b>CELL NO.</b> SEL NR.	<input type="text"/>	
<b>EMPLOYER</b> WERKGEWER	<input type="text"/>				
<b>WORK NO.</b> WERK NR.	<input type="text"/>		<b>OCCUPATION</b> BEROEP	<input type="text"/>	

# CONTRACT WITH SCHOOL WITH REGARD TO PAYMENT OF HOSTEL FEES

# KONTRAK MET SKOOL TEN OPSIGTE VAN BETALING VAN KOSHUISGELD

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

OOREENKOMS TUSSEN LIGBRON AKADEMIE VIR  
TEGNOLOGIE EN T.O.V. BETALING VAN KOSHUISGELD.

NAME OF PARENT/GUARDIAN / NAAM VAN OUER/VOOG

1. Should a court determine that another person is liable for the hostel 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 hostel fees are paid.
2. Payment of hostel fees to Ligbron Academy of Technology will be made as follows: (Please tick the applicable below)

1. Indien 'n hof bepaal het dat 'n ander persoon die koshuisgeld moet betaal, bly dit steeds die verantwoordelikheid van almal wat as ouers van die ingeskrewe leerder kwalifiseer, ooreenkomstig die definisie (ouers) in die SA Skolewet, om die koshuisgeld te betaal.
2. Betaling van koshuisgeld aan Ligbron Akademie vir Tegnologie sal as volg geskied: (Merk asseblief in toepaslike blokkie)

- FULL PAYMENT WITH REGISTRATION OR FIRST SCHOOL DAY  
VOLLE BETALING MET REGISTRASIE OF EERSTE SKOOLDAG
- PER MONTH (JANUARY - NOVEMBER) 11 MONTHS  
PER MAAND (JANUARIE - NOVEMBER) 11 MAANDE
- PER QUARTER (4 PAYMENTS)  
PER KWARTAAL (4 BETALINGS)

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

3. Indien ek agterstallig is met betaling van koshuisgelde, sal ek aanspreeklik wees vir betaling van die kostes aangegaan om dit in te vorder op 'n prokureur en kliënteskaal.
4. 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)

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

5. 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