



# HOEKWIL PRIMARY

## REQUIRED ADMISSION DOCUMENTS

No application will be considered before the required documentation is handed in.

WCED SOBIS Learner registration form.	
Admission form: Hoekwil Primary.	
Official shortened Birth Certificate or Identity document (ID) OR Official proof of an application for a birth certificate of identity document at the Dept. of Internal affairs (ID).	
Written proof of Immunization of the following diseases: Polio, Measles, Tuberculosis, Diphtheria , Tetanus and Hepatitis B. (E.g. Clinic card with immunization schedule)	
Most recent original School Report card. (From the school in which the learner was enrolled)	
School transferal letter if from another WCED school.	
Copy of Identity or other document of Identification of every person that falls under the term "parent" in the schools' Act.	
A sworn statement, workers' certificate, electricity account or any proof of the learner and parents' residence or the place of work of the learner's parents.	
If the legal parent is not the biological parent, a registered copy of a court order that confirms guardianship or any similar right of the person (parent) who is in custody of the learner.  AND, where applicable  A written statement by such a person to any person that confirms that he / she / they will be the representative of the learner in any way, shape or form with regards to admission to the school.	
In a case where the learner is not a South African citizen:  A permanent accommodation permit (with registered copy for record keeping)  OR  A study permit (with registered copy for record keeping)  OR  Illegal immigrant must have proof from the Dept. of Internal Affairs that they have applied to legalize their stay in South Africa.	

# HOEKWIL LS



## VEREISTE TOELATINGS-DOKUMENTE

Geen aansoek kan oorweeg word voordat die vereiste dokumentasie nie volledig ingedien is nie.

WKOD <b>SOBIS</b> Leerderregistrasievorm	
<b>Toelatingsvorm:</b> Hoekwil LS	
Amptelike verkorte <b>geboortesertifikaat</b> of <b>identiteitsdokument</b> (ID) OF Amptelike bewys dat daar aansoek gedoen is by die Dept. van Binnelandse Sake vir 'n geboortesertifikaat of identiteitsdokument (ID)	
Geskrewe bewys van <b>immunisasie</b> teen die volgende aansteeklike siektes: Polio, masels, tering, witseerkeel, klem-in-die-kaak en lewerontsteking (hepatitis B) [bv. Kliniekkarta met immunisasie skedule]	
Mees onlangse oorspronklike <b>skoolrapport</b> (uitgereik deur die skool wat laaste bygewoon is)	
<b>Skooloorplasingsbrief</b> indien vanaf 'n ander WKOD-skool oorgeplaas	
Afskrif van 'n <b>identiteits-</b> of ander dokument wat die identiteit van elke persoon wat onder die omskrywing van "ouer" in die Skolewet val.	
'n Beëdigde verklaring, werkgewersertifikaat, elektrisiteitsrekening of enige ander <b>bewys</b> om 'n leerder en sy/haar ouers se <b>woonplek</b> , of die feit en plek van indiensneming van die leerder se ouers, te verifieer.	
Indien dit nie die biologiese ouer(s) is wat die verantwoordelikheid van "ouer" aanneem nie, moet 'n gewaarmerkte afskrif van enige hofbevel wat <b>voogskap of wettige aanspraak op sorg</b> bevestig, of enige soortgelyke reg van die persoon ("ouer") wat daarop aanspraak maak, ingedien word. EN, indien toepaslik, Skriftelike magtiging deur sodanige persoon aan enige persoon om hom/haar/hulle in die aansoek om toelating van die leerder tot die skool of in enige ander aangeleentheid met betrekking tot die leerder te verteenwoordig.	
Ingeval van leerders wat <b>nie Suid-Afrikaanse burgers</b> is nie: Permanente verblyfpermit (asook gewaarmerkte afskrif vir rekord doeleindes) OF Studiepermit (asook gewaarmerkte afskrif vir rekord doeleindes) OF Onwettige immigrante moet bewys lewer dat hulle by die Dept van Binnelandse Sake aansoek gedoen het om die wettiging van hul verblyf in SA	

# HOEKWIL PRIMARY

## AGREEMENT RE PAYMENT OF SCHOOL FEES Grades 1-7 (2019)

Surname (Parent/Guardian): \_\_\_\_\_ Name (Parent/Guardian): \_\_\_\_\_

Home address: \_\_\_\_\_ Postal address: \_\_\_\_\_

Tel nr (H): \_\_\_\_\_

Information of father of learner:	Information of mother of learner:
Name of Employer(s): _____	Name of Employer(s): _____
Tel nr (W): _____	Tel nr (W): _____
Cell nr: _____	Cell nr: _____
ID nr: _____	ID nr: _____
E-mail address: _____	E-mail address: _____

INFORMATION OF CHILD/CHILDREN					
	Full name(s)	Name known by	Surname	Birth date	Grade
1					
2					
3					
4					

Herewith I agree to pay my child(ren)'s compulsory tuition fee as follows (please mark with an X in block):

FREQUENCY	Single payment	R 9600/child (to be paid during the first month of the school year)	
	Quarterly	R 2400/child	
	10 Monthly	R 960/child (before or on the 7 <sup>th</sup> of each month for 10 months: 7 Feb – 7 Nov)	
METHOD	Cash / cheque	School office (Ms Antonett Jonker – school secretary)	
	Direct deposit / Debit order / Electronic transfer (Internet payment)	FIRST NATIONAL BANK – GEORGE ACCOUNT NO: 62382732496 BRANCH CODE: 210114 (REF: ACC NO PLEASE) HOEKWIL PRIMARY SCHOOL	

I would like to apply for financial support with regards to the compulsory payment of tuition fees:

YES

NO

**PLEASE NOTE:** If you would like to apply for financial support, a **complete** application form accompanied by proof of income and other documents as required, should be submitted to the office. Application forms and guidelines are available at the school office.

SIGNATURE OF PARENT/GUARDIAN: \_\_\_\_\_

(Hierdie vorm is beskikbaar in Afrikaans)

# LAERSKOOL HOEKWIL

## ONDERNEMING TEN OPSIGTE VAN SKOOLFONDSBETALING Graad R (2019)

Van (Ouer/Voog): \_\_\_\_\_ Naam (Ouer/Voog): \_\_\_\_\_

Woonadres: \_\_\_\_\_ Posadres: \_\_\_\_\_

Tel no (H): \_\_\_\_\_

Van toepassing op Vader van leerder:	Van toepassing op Moeder van leerder:
Naam van Werkgewer(s): _____	Naam van Werkgewer(s): _____
Tel no (W): _____	Tel no (W): _____
Sel no: _____	Sel no: _____
ID no: _____	ID no: _____
E-pos adres: _____	E-pos adres: _____

### INLIGTING VAN KIND(ERS)

	Doopname	Noemnaam	Van	Geboortedatum	Graad
1					
2					

Hiermee onderneem ek om my kind/ers se verpligte onderriggeld as volg te betaal (dui aan met X in blok):




FREKWENSIE	Enkel bedrag	R 8500/kind (betaalbaar in die eerste maand van die skooljaar)	
	Kwartaalliks	R 2125/kind	
	10 Maandeliks	R 850/kind (voor of op die 7de van elke maand vir 10 maande: 7 Feb – 7 Nov)	
WYSE	Kontant/ tjek	Skoolkantoor (Me Antonett Jonker - sekretaresse)	
	Direkte deposito / Aftrekorder / Elektroniese oordrag	FIRST NATIONAL BANK – GEORGE REKENING NO: 62382732496 TAKKODE: 210114 (VERWYSING REK NO ASB) HOEKWIL LAERSKOOL	

*Ek verstaan dat die skool enige uitstaande fooie ten opsigte van my kind/ers se verpligte onderriggeld kan verhaal deur my skoolfondsrekening te oorhandig aan skuld-invorderaars. Voorts verstaan ek dat my kind toegang tot die skool geweier kan word indien my skoolfondsrekening agterstallig is.*

HANDTEKENING VAN OUER/VOOG: \_\_\_\_\_ (This form is available in English)

# 1. PERSONAL INFORMATION

Admission no: _____	Grade: _____ Year: _____
Surname: _____	Number of children in family: _____
Names: _____ _____	Position in family: (e.g. first) _____
Sex: _____	Prior attendance: (e.g. Nursery School) _____
Names by which learner is called: _____	Birth certificates no: _____ (e.g. Entry no: 397/86/1618-Photocopy of birth certificate attached to the back of this page / An individual)
Date of birth: _____	
Home language: _____	Language of learning and teaching: _____
Foster care <input type="checkbox"/> Adopted <input type="checkbox"/> Orphan <input type="checkbox"/> Legal guardianship <input type="checkbox"/> authority <input type="checkbox"/> (use X to mark)	

Parents / Guardians Relationship to learner	Father / Guardian	Mother / Guardian
Surname and Initials		
Marital Status		
Occupation (full / part time)		
Physical address 		
Postal address 		
Contact telephone numbers 	Home:	Home:
	Work:	Work:
	Cell:	Cell:

<b>CONTACT PERSON (IN CASE OF EMERGENCY)</b>	
Name and surname: _____	
Phone / cell number: _____	
Physical address: _____ _____	

## 2. PHYSICAL CONDITION / MEDICAL HISTORY.

Complete in PENCIL and update when there is a change.

Clinic card submitted. Yes  no  (Use "X" to mark where applicable)

Family practitioner \_\_\_\_\_ Tel no: \_\_\_\_\_

Allergies: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Chronic Illnesses: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of medical aid scheme (if any) \_\_\_\_\_

Medical aid number: \_\_\_\_\_

Name of member / card holder: \_\_\_\_\_

**IN THE INTEREST OF PROTECTING GENERAL HUMAN RIGHTS, THE CONFIDENTIALITY OF THIS DOCUMENT AND  
IT'S CONTENTS MUST BE UPHELD IN TERMS OF RELEVANT LEGISLATION.**

