

# LAERSKOOL HOEKWIL

## ONDERNEMING TEN OPSIGTE VAN SKOOLFONDSBETALING Grade 1-7 (2021)

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

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

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

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

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

\_\_\_\_\_

### Van toepassing op Vader van leerder:

Naam van Werkgewer(s): \_\_\_\_\_

Tel no (W): \_\_\_\_\_

Sel no: \_\_\_\_\_

ID no: \_\_\_\_\_

E-pos adres: \_\_\_\_\_

### Van toepassing op Moeder van leerder:

Naam van Werkgewer(s): \_\_\_\_\_

Tel no (W): \_\_\_\_\_

Sel no: \_\_\_\_\_

ID no: \_\_\_\_\_

E-pos adres: \_\_\_\_\_

### INLIGTING VAN KIND(ERS)

	Doopname	Noemnaam	Van	Geboortedatum	Graad
1					
2					
3					
4					

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

FR E K W E N S I E	Enkel bedrag	R 11000/kind (betaalbaar voor of op 7 Februarie van die skooljaar)	
	Kwartaalliks	R 2750/kind	
	10 Maandeliks	R 1100/kind (voor of op die 7de van elke maand vir 10 maande: 7 Feb – 7 Nov)	

WY S E	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 wil graag aansoek doen om finansiële ondersteuning ten opsigte van my kind/ers se verpligte onderriggeld:

JA

NEE

**LET WEL:**




Indien u aansoek doen om finansiële ondersteuning, moet u asb 'n volledige aansoek om korting indien met die nodige bewyse en dokumente soos verlang. Aansoekvorms en riglyne vir die voltooiing van die aansoek kan verkry word by die skoolkantoor.

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: \_\_\_\_\_

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