

# LAERSKOOL HOEKWIL

## ONDERNEMING TEN OPSIGTE VAN SKOOLFONDSBETALING Graad R (2022)

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					

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 12000/kind (betaalbaar in die eerste maand van die skooljaar)	
	Kwartaalliks	R 3000/kind	
	10 Maandeliks	R 1200/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 verstaan dat die skool enige uitstaande foie 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: \_\_\_\_\_

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