HOËRSKOOL

Hoërskool Lichtenburg Scholtzstraat 1 Lichtenburg

Faks: (018) 632 6204 Tel: (018) 632 6202/3



LICHTENBURG

Hoërskool Lichtenburg Privaatsak X 12042 Lichtenburg 2740

www.lichies.co.za skoolhoof@nwisp.co.za

APPLICATION FOR ADMISSION 2023

Dear Prospective Parent

Thank you for your application for admission to Hoërskool Lichtenburg for 2023.

We would like you to **take note** of the following:

- **NB:** Hoërskool Lichtenburg is a **Quintile 4** school school fees are **compulsory**.
- Hoërskool Lichtenburg is an Afrikaans medium school with the exception that the permitted **English class of 35 learners** will be taught in parallel-medium (gr.8 and 9).
- From **gr.10 12** the **LOLT** (Language of Learning and Teaching) will be mainly Afrikaans.
- Only learners with **English Home Language** on their report cards will be considered for the English class.
- Learners with older **brothers/sisters** currently in the school will be considered first.
- Feeder schools for our English class are: English Primary, Yusuf Dadoo, Shukran Primary and Dural Argam.
- All required documentation must be attached to this form. Incomplete application forms will **not be accepted.**
- All application forms must be hand delivered to the Learner Admissions Office applications close on **31 August 2022 (10h00)**.
- The following documentation must accompany this application:
- One **ID-photo** of the learner (applicant) in school uniform.
- A copy of the learner's birth certificate / identity document.
- A copy of the learner (applicant's) **March/July 2022** report.
- Copies of both parents' ID documents
- <u>If applicable</u>: copies of the legal guardian's identity documents and the legal custody documents.
- Original and recent (within 30 days of application) Municipal account (water and lights account), Eskom account that reflects the physical (street) address of the parent/s where the learner resides.
- Proof of residence is compulsory. Please note that municipal letters will not be accepted.

[Application will not be considered if any documentation is outstanding]. No copies will be made at the school.

- All admissions will be finalized by 30 September 2022. The applicant will be notified by sms/mail if the application is successful.
- Any applicant who is older than the statistical age norm of the particular grade (Grade year + 6 years) will not be eligible for admission.
- By signing this application for admission to Hoërskool Lichtenburg, the learner and his/her parents or guardian accept that on such admission, the learner will be **bound by the Code of Conduct and Regulations of Hoërskool Lichtenburg** for as long as the learner is a registered learner at Hoërskool Lichtenburg.

Sincerely

MR. D. MATHEE PRINCIPAL

Admissions secretary: Ms. Annalien van Schanke Hoërskool Lichtenburg Private Bag X 12042 Lichtenburg 2740

Tel: (018)-632-6202

E-mail: annalien@nwisp.co.za

Admission no	
Grade	
Date app received by school	
Time received	

HOËRSKOOL LICHTENBURG SECTION A: PERSONAL DETAILS OF LEARNER

Documentation Needed:

- Certified copy of learner's **Birth Certificate**.
- Copy of learner's Grade **7 Report** March/July 2022.

PHOTOGRAPH

Learner has to be in current
Grade 7 School uniform
Applications without a
photo will not be
considered.

Surname				Ir	nitials						
First name/s:											
Name called by:											
Date of birth [dd/mm/yyyy]						G	Gende	r			
Age as on 31 / 12 / 2022											
Number of children in the						Р	Positio	n in family			
Number of siblings in Hoër Lichtenburg											
Names and grades of siblin applicable)	ngs (If	Name	& Surnam	ie							
	Grade										
	Brother/Sister										
		Name	& Surnam	ie							
		Grade									
		Brothe	er/Sister								
	Asi	an		Colo	ured			Black		Indian	
ETHNIC GROUP	Wh	ite		Other [specify]						
ID / PASSPORT NUMBE	:R										
	Country	of resid	dence								
CITIZENSHIP	Citizens	ship									
	If RSA, reside?	in which	n province,	/s do/do	es the pa	rents					

CONTACT DETAILS	Residential address of biological parents		
	Postal address of biological parents		
	City/Town/ Suburb		
	Home Phone number	Number in case of emergency	f
	Learner's cell phone number		
LANGUAGE PREFERENCE	Home Language		
FAMILY STATUS		1: Both parents 2: Stepfather 4: Widower 5: Widow 7: Divorced, stays with father 8: Divorced, stays vith mother 11: Other 13: Single parent (never married) 14: Stepfather/own 16: 2nd Marriage 17: Single parent	12: Stay together
	Learner stays at Father	Mother Other	
	If other, please specify:		
RELIGION	Religion	Denomination	
	•		
SECTION B : SCHOO	L DETAILS , ACHIEV	EMENTS & RECORDS	
	Name of current school		Province
CURRENT SCHOOL	Address of current school		Code
	Sport		
	Culture		
ACHIEVEMENTS [Show all ACHIEVEMENTS]	Leadership		
	Academic		
	Awards Gr. 6/7		
DISCIPLINARY RECORD	Any serious disciplinary transgressions	Yes No	
	What transgression took place, if applicable		

SECTION C: MEDICAL DETAILS OF LEARNER / APPLICANT

	Name of Medical Aid			
MEDICAL AID	Medical Aid number			
	Name of main member			
	Name of doctor in Lichtenburg			
	Name of Medical practice			
MEDICAL PRACTITIONER	Telephone number of doctor			
	Address of doctor			
	Any medical issues			
	Medical issue the school should be aware of			
MEDICAL ISSUES	Allergies (Please specify, if any)			
	In case of emergency, may the school provide medication?	Yes	No	
	If no, what should the school do?			
	Any learning disability that should be addressed			
LEARNING DISABILITIES	Has the learning disability been confirmed by medical specialists? If yes, please provide details and evidence			

SECTION D: DETAILS OF BIOLOGICAL FATHER

(Please take note that both biological parents' details must be provided, or a death certificate **MUST** be attached. Parents are jointly and separately responsible for payment of school fees, regardless of the divorce settlement agreement. Copy of ID of biological father must be attached.

NAME AND SURNAME	Title		Initials	Surname		
	First na	me/s:				
	ID NUM	IBER				
	Home L	anguage				
OCCUPATION						
	Name o	of employer				
EMPLOYER	Address	s of employer				
	Resider (Father	ntial address				
ADRESS DETAILS		,			Code	
AURISS DE FALES	Postal a					_
					Code	
	Telepho home	one number				
CONTACT DETAILS	Telepho work	one number				
	Cell pho	one number				
	E-mail a	address				

SECTION E: DETAILS OF BIOLOGICAL MOTHER

(Please take note that both biological parents' details must be provided, or a death certificate MUST be attached. Parents are jointly and separately responsible for payment of school fees, regardless of the settlement agreement. Copy of ID of biological mother must be attached.

	Title		Initials	Surname		
	First na	me/s:				
NAME AND SURNAME	ID- NUI	MBER				
	Home I	anguage				
OCCUPATION						
	Name o	of EMPLOYER				
EMPLOYER	Address EMPLO					
	Resider (Mothe	ntial address				
ADDRESS DETAILS		Í			Code	
ADDRESS DETAILS	Postal a					
					Code	
	Telepho home	one number				
CONTACT DETAILS	Telepho work	one number				
	Cell pho	one number				
	E-mail a	address				

SECTION F: DETAILS OF LEGAL GUARDIAN

- The school needs two declarations in writing, without these the application will be declined:

 An Affidavit declaring that the guardianship / care and control of the LEARNER is given to someone other than the biological parents.
 - An Affidavit declaring that the legal guardian takes full responsibility for the LEARNER.

	Title		Initials		Surname		
	First na	me/s:					
NAME AND SURNAME	ID- NUN	MBER .					
	Gender		Male		Female		
	Home L	anguage					
MARITAL STATUS OF	Married			Unmarried		Divorced	
GUARDIAN	Separat	ed		Widow/ Widower		Other (spec	ify)
OCCUPATION							
	Name o	f employer					
EMPLOYER	Address EMPLOY						
	Physical guardia	l address n					
ADDRESS DETIALS	gaar are					Code	
ADDRESS DETIALS	Postal a						
						Code	
CONTACT DETAILS	Telepho home	one number					
	Telepho work	one number					
	Cell pho	one number					
	E-mail a	address					
RELATIONSHIP TO LEARNER/APPLICANT							

SECTION G : DETAILS OF FAMILY MEMBER IN CASE OF EMERGENCY					
	Surname				
	Name				
PERSONAL DETAILS	Relationship				
	Telephone number home		Telephone number work		
	Cell phone number		E-mail address		

SECTION H: SCHOOL FEES AND PAYMENTS

The person responsible for payment of school fees must complete this section:

- The payment of school fees is **COMPULSORY** in terms of the SA-Schools Act 84 of 1996, unless a parent/responsible person is exempted from payment of school fees, for which application may be made at the financial office.
- School fees are determined at the annual parent meeting and are payable annually in advance on or before **31 January**.
- Alternatively, payments can be made in 10 equal payments from January to October. Please make arrangements with the financial office.
- Mora interest is payable on late payments. Legal action will be taken if accounts are more than 90 days in arrears, in which case you are liable for payment of all legal costs and fees on a scale between attorney and client, as well as tracing costs and collection commission calculated at 10% plus VAT per payment.

Failure to complete section H correctly and in full will result in a declined application. Please note that irrespective of who completes this part of the form, both parents are jointly and separately liable for the payment of school fees.

	Surname							
	First name/s:							
	ID- NUMBER							
	EMPLOYER			OCCUPATIO	DN			
DEDCOMAL DETAYLO	Address							
PERSONAL DETAILS			Code					
	Postal Address							
				Code				
	Telephone number home	Telephone number work						
	Cell phone number		,					
	E-mail address							
RELATIONSHIP TO LEARNER / APPLICANT E.g. PARENT, SPONSOR, EMPLOYER ETC.								

SECTION I: PAYMENT OF SCHOOL FEES

THIS SECTION MUST BE COMPLETED BY THE PERSON RESPONSIBLE FOR THE PAYMENT OF THE SCHOOL FEES <u>AS WELL AS BOTH PARENTS/GUARDIANS</u>

		_, as well	as we, the	undersigned	d parents/gu	ardians,	have read	all the
documents/pages contained	in this application form a	and accept	full respons	sibility for th	ne payment	of the	school acco	ount of
		(name	e of learner)	payable as de	etermined at	the annu	al parent me	eting of
Hoërskool Lichtenburg. I acc	ept that the annual school fe	ees are paya	ble annually	in advance o	n or before	31 Janı	uary of eacl	h year,
alternatively, I may request th	nat the school account be set	tled over a p	eriod of 10	months pe	debit orde	r from J	anuary to O	ctober
each year, further alternatively	\prime that I may apply for exempti	on / partial e	xemption fro	m payment of	school fees.			
I choose the following (ple	ase tick the applicable box	c):						
Total school fees in advance o	n or before 31 January 2023	c	or;					
Monthly by debit order over 10) (ten) months	c	or;					
Application for exemption / pa	rtial exemption							
I furthermore accept liability fo	or payment of attorney costs a	nd fees on a	scale as betv	veen attorney	and client, in	terest, as	well as tracir	ng costs
and collection commission calc	ulated at 10% plus VAT per p	ayment, in ca	ase I should	be handed ov	er for legal co	ollection o	f school fees.	
And we, the undersigned pare	nts / guardians of the said lea	arner, hereby	accept liabi	lity, jointly an	d separately	for the pa	syment of the	e school
fees and further joint and sepa	arate liability for all obligations	as set out in	this applicat	tion form, incl	uding, but no	t limited	to Section H	and I of
this application.								
Signed on this day		2	2022 at					_•
SIGNATURE OF THE	NAME OF	THE				DATE		_
PARENT / GUARDIAN		/ GUARDIAN				D, 112		
WITNESS 1:								
NAME:								
SIGNATURE:								
WITNESS 2:								
NAME.								
NAME:								
SIGNATURE:								

SECTION J: CONFIRMATION & UNDERTAKING BY PARENT / GUARDIAN

The PARENT / GUARDIAN confirms that, with this application, he / she is aware of the following:

- 1. Completion of this application form does not guarantee admission.
- 2. I am aware that my son/daughter's application will be considered in accordance with the prescribed application requirements and vacancies available in the school.
- 3. I am aware that the following documentation must accompany this application:
 - One recent 2022 ID-size photo of the LEARNER.
 - Certified copy of the learner's birth certificate.
 - Latest school report March/July 2022.
 - Certified copies the identity documents of both parents (mother and father) or guardian.
 - Original and recent (within 30 days of application) Municipal account (water and lights account), Eskom account or bank statement that reflects the physical street address.
 - · Proof of residence is compulsory.

The following are **NOT** proof of residence:

- Offer to purchase.
- Rental contract for a period of less than one year.
- Please note that sub-leasing is not proof of address in the schools' feeder area
- The address of family or friends, or extended family, or adults that make use of care in terms of traditional practices.
- Please note that letters by the Municipality will not be accepted.
- Certified copy the court order of guardianship (where applicable).

If my son/daughter is admitted

I undertake to:

- To sign the code of conduct for learners and to always abide by all the rules and regulations with regard to behaviour at all time.
- To pay the school fees.
- I take note and understand that the language preference of Hoërskool Lichtenburg is Afrikaans and that the school is an Afrikaans Medium School.
- My child will wear the school uniform and will abide by the general appearance rules of Hoërskool Lichtenburg.
- I take note of the school's value system: Faith, Integrity, Responsibility and Excellence.
- I identify with these values and promise to support the school in fulfilling these values.
- I declare that as parent/ guardian I am prepared to come for an interview, should it be required.
- I declare that we as parents/guardian, herewith give power of attorney to the school and / or the staff to take decisions that will be in the best interest of my child in serious situations like in an accident, epidemic or sudden illness where I as PARENT / we as Parents/ guardian cannot.

information.	
I declare that I have not omitted any infor	mation that the school needs to know about.
PARENT / GUARDIAN 1 Signature:	
PARENT / GUARDIAN 2 Signature:	
DATE:	

 $I \ declare \ that \ all \ the \ information \ that \ I \ have \ provided \ is \ TRUE \ and \ CORRECT \ and \ that \ I \ have \ not \ supplied \ any \ false \ or \ incorrect$

SECTION K: FOR OFFICE USE

CHECKLIST FOR APPICATION FORM AND DOCUM	IENTATION:					
2022 ID-Photo		Yes	No			
Certified copy of birth certificate		Yes	No			
Certified copies of Identity documents of both parents		Yes	No			
Original municipal account.		Yes	No			
Copy of March/July 2022 report.		Yes	No			
Transfer documents from previous school		Yes	No			
SECTION A completed and checked. [PERSONAL DETAI	ILS]	Yes	No			
SECTION B completed and checked. [SCHOOL DETAILS	5]	Yes	No			
SECTION C completed and checked. [Medical DETAILS]	Yes	No				
SECTION D completed and checked. [Biological Father]		Yes	No			
SECTION E completed and checked. [Biological Mother]	1	Yes	No			
SECTION F completed and checked. [Guardian]		Yes	No			
SECTION G completed and checked. [Emergency]		Yes	No			
SECTION H completed and checked. [School Fees]		Yes	No			
SECTION I completed and checked. [Undertaking to particular completed and checked.	у)	Yes	No			
SECTION J completed and checked. [Undertaking and c	declaration]	Yes	No			
Comments from admissions officer:						
SGB admissions committee:						
Approved Not Approved Suspended						
Reason why not approved:						

proved	Not Approved		Suspended	
ason why not approved:				
CHAIRPERSON OF THE SCHOOL	GOVERNING BODY			DATE
		Stamp: Date received		
1001 2001				