

Louis Botha IHS

Victoriaroad

Bloemfontein

9320

Telephone: 051 - 4032500

Fax: 051 - 4482003

Year: _____



Note: This form must be completed in full. All changes to be initiated or signed by parent / guardian. Completing the form does not necessarily mean that the learner has been accepted into the school.

Grade Applied For:		Highest Grade Passed		Year When Grade was passed		Accession No:	
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Surname:		Initials:		Nick Name:	
Other Names:					
First Name:					
Date Of Birth: YYYY	MM	DD	Gender:	Male:	Female:
Race:	Identification or Passport No:				
Country of Residence:					
If SA, indicate province of residence:					

Physical Address:	Home Telephone:	Emergency Telephone:	Learner Cell:
City/Suburb	Learner Email Address:		
Code:	Preferred Language of Instruction		
Home Language:	Yes	No	Mode of transport:
Deceased Parent	Mother	Father	Both
Religion:	For Grade 1 only: Indicate pre-primary education		
	None	Non Formal	Formal

Previous School Information	
Name of Previous School:	
Previous School Address:	
Code:	Province:
	Country:

Learner Medical Information	
Medical Aid Number:	Medical Aid Name:
Medical Aid Main Member:	Doctor Name:
Doctor's Address:	Doctor Telephone Number:
Medical Condition:	
Special Problems Requiring Counseling:	

Dexterity of Learner:	Right Handed	Left Handed	Ambidextrous	Social Grant	YES	NO
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If the learner is accepted, the following documents must be submitted to the school:

1. Copy of Immunisation Records.
2. Copy of Birth Certificate
3. Progress Report from Previous School
4. Transfer Letter from Previous School

FATHER: MOTHER
SURNAME:..... SURNAME:

INITIALS: INITIALS:

TITLE: TITLE:

IDENTITY NUMBER: IDENTITY NUMBER:

OCCUPATION: OCCUPATION:

BRUTO ANNUAL INCOME:p.m BRUTO ANNUAL INCOME:p.m

MARITAL STATUS: MARITAL STATUS:

CELL NUMBER: CELL NUMBER:

WORK NUMBER: WORK NUMBER:

POSTAL ADDRESS: POSTAL ADDRESS:

..... CODE: CODE:

COMPLETE RESIDENTIAL ADDRESS:..... COMPLETE RESIDENTIAL ADDRESS;.....

COMPLETE WORK ADDRESS: COMPLETE WORK ADDRESS:

..... CODE: CODE:

TWO REFERENCES(NB: No person staying at the same address)
(Both references must be completed)

PLEASE COMPLETE IN FULL

(1) Name: (2) Name:

Address: Address:

CELL: CELL:

SIGNATURE

SIGNATURE

1. NAME THE ACADEMIC ACHIEVEMENTS WHICH THE PUPIL HAS ACHIEVED (PRIZES, OLYMPIADS, ETC.)

.....

2. NAME THE PUPIL'S EXTRAMURAL ACHIEVEMENTS, CULTURE, SPORT, ETC (LIKE CRAVEN WEEK RUGBY, ATHLETIC ACHIEVEMENTS AT INTER PRIMARY, MUSIC AWARDS ETC).

.....

3. WHAT LEADERSHIP POSITIONS DID THE PUPIL HOLD IN HIS PREVIOUS SCHOOL?

.....

4. IN WHAT EXTRAMURAL ACTIVITIES DOES THE PUPIL WISH TO PARTAKE?

.....

DISCIPLINE UNDERTAKING

HEREWITH I, _____ (SURNAME, FULL NAMES OF LEARNER) GRADE: _____

UNDERTAKE TO ADHERE TO THE CODE OF CONDUCT OF LOUIS BOTHA THS

AND I, _____ (SURNAME, FULL NAME OF PARENT / GUARDIAN)

ADDRESS: _____

_____ CODE: _____

TEL NR: _____

CELL NR: _____

UNDERTAKE TO ADHERE TO THE CODE OF CONDUCT OF LOUIS BOTHA THS

SIGNATURE: (PARENT) : _____

(LEARNER) : _____

If u want to make use of a debit order or SAMBA please complete the form. A debit order cannot be send if it is not correctly completed.

SAMBA- AND DEBIT ORDER INSTRUCTION

*ONLY SCHOOL MARK THE APPLICABLE!!

*ONLY HOSTEL

* SCHOOL & HOSTEL

If a Samba- or Debit Order deduction is refused, interest will be charged on a statement for the relevant month.

The particulars of my/our (initials and surname) bank account / samba card are as follows:
NB! Please complete in full for monthly sending of debit order

* SURNAME & INITIALS OF ACCOUNT HOLDER _____ Cell: _____

* BANK _____ BRANCH NAME AND TOWN _____

* BRANCH NO

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* ACCOUNT NUMBER

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Complete only if you pay school- and hostel fees by SAMBA

* COPY OF SAMBA CARD MUST BE ATTACHED.

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* TYPE ACCOUNT

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NB! ACTION DATE:

BANK DEPOSIT SLIP MUST BE DELIVERED BY HAND OR BY FAX (051) 4482003) TO THE FINANCE OFFICE. LEARNER'S GRADE, INITIALS, SURNAME AND ACCOUNT NUMBER MUST BE SUPPLIED ON THE BANK DEPOSIT SLIP.

I / we give you authorization to debit my / our account at abovementioned bank (or other bank or branch where I / we might transfer my/ our account) with the amount necessary for payment of the monthly / quarterly / yearly responsibility regarding school fees / premium as agreed upon by us. All such withdrawals from my /our bank account by you will be handled as if signed personally by me / us.

I / we understand that the withdrawals allowed hereby will be processed by computer through a system known as ABC magnetic tape service and I / we also understand that the details of each withdrawal will be printed on my / our bank statement.

I / we undertake to pay any bank fees regarding this debit order form.

This agreement may be cancelled by me/ us by giving you 30 days written notice, to be sent by prepaid registered post but I / we understand that I / we are not eligible for a back payment of amounts withdrawn by you whilst this authorization was in place if such amount was rightfully due to you.

The receiving of this authorization by you is seen as receipt thereof by my / our bank (as the case may be.)

* SIGNED AT ON THIS DAY OF

NB! SIGNATURE AS USED FOR THE SIGNING OF CHEQUES / SAMBA CARD

FINANCIAL UNDERTAKING WITH APPLICATION OR REAPPLICATION FOR ADMITTANCE TO LOUIS BOTHA TECHNICAL HIGH SCHOOL.

PERSON RESPONSIBLE FOR PAYMENT: _____

PUPIL'S SURNAME: _____

PUPIL'S FULL NAMES: _____

CLASS: _____ LEARNER NUMBER _____ (if applicable)

1. DIVERSE INFORMATION

Number of children in this school

2. METHOD OF PAYMENT

2.1 Samba Yearly in advance Application for assistance
Bank deposit Quarterly in advance to extend Parent / Guardian
Debit order authorization Monthly in advance contribution

3. LEASING OF BOOKS

A first installment, payable before or on the first day of admittance, is required before any textbook been issued. If text books not been handed in at the end of the year, will a learner's school account been debited for that amount, for payment by the parents or guardian.

4. UNDERTAKING BY PARENT / GUARDIAN

4.1 I undertake to complete all admission documents which might be necessary to finalize my child / children's request for admission to THS and which are presented to me by THS, fully, truthfully and correctly.

4.2 I have taken notice of the contents of the financial rules and regulations of THS and pledge myself to adhering thereto, as well as to the adherence to any further rules and regulations which might be announced from time to time by THS.

4.3 I accept responsibility for timely payment of all monies due to THS as prescribed from time to time.

4.4 I undertake to pay aforementioned monies in the manner explained in 2.1 of this document.

4.5 I undertake to pay all lawyer's fees, own client costs and collection cost, should THS institute any legal steps against me to collect payments due.

4.6 I acknowledge and agree that fees payable as set out in 2.1 of this agreement in the case of any non-payment would make the then outstanding balance payable and collectable immediately.

4.7 I hereby refute the legal exceptions "payment not received", "no cause on non-payment", "computational fault", and all other legal exceptions in the law, and I declare myself knowledgeable regarding the contents and extent thereof.

SIGNED AT _____ ON THE _____ DAY OF _____ 20____

WITNESSES: 1. _____ 2. _____

PARENT / GUARDIAN

UNDERTAKING BY PARENTS / GUARDIANS

1. Herewith we apply to enroll the child whose name appears on this form as learner at the LOUIS BOTHA TECHNICAL HIGH SCHOOL and we declare that he/she meets the basic requirements.
2. I/We declare herewith that I/we have lawful legal supervision and/or legal guardianship over the mentioned learner.
3. I/We undertake to keep by the rules and disciplinary code of the school as well as by the various changes to the rules and the disciplinary code which may be implemented from time to time.
4. I/We understand and acknowledge that the principal or any such designated person will act in lieu of the parents/guardians in any circumstances and during any time which I/we entrust my/our child in the care of the school.
5. I/We understand that although every possible endeavour will be made to prevent loss or damage to learners' clothes and possessions, the school will not be held responsible for it.
6. I/We undertake to compensate the school for any damage to school property caused by my/our child.
7. I/We undertake together and separately to pay the school fees and I/we understand that:
 - a. The annual school fees will be a compulsory amount of R _____ per year for 201___, as approved by the majority of parents during the Annual General Meeting.
 - b. A deposit of R _____ must be made with any successful application. This amount will be deducted from the compulsory school fees.
 - c. The remaining amount may be paid back in 10 monthly installments.
 - d. According to Article 39 of the South African Schools Legislation all parties that bind themselves to this form are responsible to pay compulsory school fees.
- According to Article 40 of SA School Legislation, the school may enforce this compulsory payment.
 - a. The parties undertaking this application are responsible for payment of all legal fees, including lawyers/client fees, and collection fees done by the school or the school must take legal action to collect school fees.
 - b. Fees are payable at the end of each month.
 - c. If payment is not received before the 7th of each month, the school retains the right to enforce interest of 25% per annum on all outstanding fees.
 - d. Parents that are incapable of paying school fees may apply for exemption.
8. I/We undertake to give notice in writing of any intention by me/us to take our child out of the school and to return all books and/or equipment in our child's possession belonging to the school.
9. I/We give permission that our child be allowed to participate in educational and psychometric tests in group capacity as approved by the Director of Education.
10. I/We undertake that if our child is over the compulsory school going age (15 years) he/she will attend school regularly and will only be absent because of medical reasons.

- 11. I/We understand that the school has the right to check all information pertaining to this application. If any false documents are handed in the school has the right to lay criminal charges against any of the parties that made this application.
- 12. I/We accept responsibility to have our child/children immunized against infections and normal diseases and will supply proof thereof if required.
- 13. I/We accept responsibility for the learner's transport to and from the school.
- 14. I/We undertake to inform the principal of our child/children's absenteeism from school. Parents/guardians undertake to supply a medical certificate if required.
- 15. I/We undertake to uphold the constitution and policy of admission of the school as imposed by the Governing Body.
- 16. I/We understand that smoking in school uniform and the abuse of any drugs or alcohol is a transgression of important school rules and will not be tolerated under any circumstances.
- 17. The undersigned of this form herewith give the following *domicilium citandi et executandi* as legal address. In the case of any change of address, home telephone number, cell phone number, work address or work telephone number, parents must notify the school in writing.
- 18. This agreement will remain valid from the day that it is signed by the parent/guardian and is therefore authorized to sign this document and he/she will be bound both as parent/guardian and his/her personal capacity.

ADDRESS: The undersigned hereby gives the following *domicilium citandi et executandi* (official home address):

.....
.....
.....

SIGNED ON THIS DAY OF20.....

.....
SIGNATURE
PARENT / GUARDIAN 1

.....
SIGNATURE
PARENT / GUARDIAN 2

LET ASB DAAROP:
PLEASE NOTE:

DIE VOLGENDE DOKUMENTASIE MOET SAAM MET DIE AANSOEKVORM INGEHANDIG WORD.
NB! ONVOLLEDIGE AANSOEKE SAL NIE OORWEEG WORD NIE.
THE FOLLOWING DOCUMENTS MUST ACCOMPANY THIS APPLICATION FORM.
NB! UNCOMPLETED APPLICATIONS WILL NOT BE CONSIDER.

INDIEN U PER DEBIETORDER BETAAL LET OP NA DIE AKSIEDATUM (WANNEER MOET PAAIEMENT AFGETREK WORD)
IF YOU PAY BY DEBIT ORDER PLEASE FILL IN THE ACTION DATE (DATE WHEN PAYMENT IS DUE)

'N GESERTIFISEERDE AFSKRIF VAN DIE LEERDER SE GEBOORTESERTIFIKAAT / A CERTIFIED COPY OF THE LEARNER'S BIRTH CERTIFICATE.

DIE LEERDER SE JONGSTE RAPPORT MET OORSPRONKLIKE SKOOLSTEMPEL / THE LEARNER'S MOST RECENT ORIGINAL SCHOOL REPORT WITH THE ORIGINAL SCHOOL STAMP.

AFSKRIFTE VAN BEIDE OUER / VOOG SE IDENTITEITSDOKUMENT / COPIES OF THE ID'S OF BOTH PARENTS OR GUARDIANS.

BEWYS VAN VERBLYF IN ONS VOEDINGSAREA (DIENSTEREKENING) / PROOF OF RESIDENCE IN OUER LOCAL AREA (SERVICE ACCOUNT).

EEN ONLANGSE ID-GROOTTE FOTO VAN DIE LEERDER WAT AAN HIERDIE VORM GEHEG MOET WORD / ONE RECENT ID-SIZED PHOTO OF THE LEARNER WHICH SHOULD BE ATTACHED TO THIS FORM.

BEWYS VAN INKOMSTE / PROOF OF INCOME

A **INDIEN IN DIENS, 'N GESERTIFISEERDE KOPIE VAN 'N ONLANGSE SALARISSTROKIE VAN BEIDE OUEERS / VOOGDE IF IN SERVICE, A CERTIFIED COPY OF A RECENT SALARY STATEMENT OF BOTH PARENTS OR GUARDIANS.**

B **INDIEN WERKLOOS, 'N BRIEF VAN DIE DEPARTEMENT VAN ARBEID WAT LAASTE DATUM VAN DIENS AANDUI. IF UNEMPLOYED, A LETTER FROM THE DEPARTMENT OF LABOUR SHOWING LAST DATE OF EMPLOYMENT.**

C **INDIEN IN DIENS, 'N KOPIE VAN DIE JONGSTE GEOUDITEERDE STAAT OF 'N BRIEF VAN SAID WAT U INKOMSTE AANDUI. IF SELF-EMPLOYED, A COPY OF THE MOST RECENT AUDITED STATEMENT OF THE SARS WHICH SHOWS YOUR INCOME.**

HANDTEKENING – OUER 1 /VOOG
SIGNATURE – PARENT/GUARDIAN 1

HANDTEKENING – OUER 2 / VOOG
SIGNATURE – PARENT/GUARDIAN

SLUITINGSDATUM / CLOSING DATE
22 JUNIE 2012 / 22 JUNE 2012