



HOËRSKOOL BEKKER HIGH SCHOOL



APPLICATION FOR ADMISSION

Indicate only one	
DAY SCHOLAR	<input type="checkbox"/>
HOSTEL LEARNER	<input type="checkbox"/>

info@hsbekker.co.za

GDE REF NR:

ONLY FOR NEW GRADE 8 LEARNERS

2020

NAME AND SURNAME OF LEARNER: _____

MALE / FEMALE: _____

GRADE IN 2019: _____

CURRENT SCHOOL AND PROVINCE: _____

ENROLMENT DATE: _____

ALL BIRTH CERTIFICATES, ID DOCUMENTS AND BANK STATEMENTS MUST BE CERTIFIED.

OLD BEKKER (Family)	NAME AND SURNAME	YEAR MATRICULATED
FATHER / MOTHER		
GRAND FATHER / MOTHER		

(Complete all details in full)

DETAILS OF LEARNER

Surname: _____

Full Names: _____

Name: _____

Gender: _____

Date of Birth: _____

ID-number: _____

Learner cell no: _____ Learner e-mail: _____

Position in family: _____ of _____ Language of instruction AFR / ENG: _____

Right handed / Left handed: _____ Religion: _____

Name of brother/sister in school: _____

MEDICAL INFORMATION OF LEARNER

Medical Aid: _____ Membership no: _____

Plan: _____ Principal Member: _____

Contact no. of Principal Member: _____ Family doctor: _____

Family Doctor –Contact Number: _____

Chronic illness / allergies / medication:

Emergency contact details:

Name and surname	Contact Number	Relationship
_____	_____	_____
_____	_____	_____

Declaration by responsible party for medical expenses:

I, _____ as parent / guardian of _____ (learner) consent to any person appointed by Bekker High School to act for and on my behalf should any medical care be required for the above mentioned learner.

Should I not be available, I request that the medical provider proceed with any medical care required for the above mentioned learner. I agree to pay all medical expenses.

Signature: Parent / Guardian

Witness

FAMILY INFORMATION:

INDICATE THE MAIN PARENT: FATHER OR MOTHER (MARK WITH X)

	FATHER	MOTHER
SURNAME:		
FULL NAMES:		
TITLE:		
MARRIGE STATUS:		
ID-NUMBER:		
EMPLOYER:		
OCCUPATION:		
BUSINESS ADDRESS:		
TELEPHONE NUMBER: (W)		
TELEPHONE NUMBER: (H)		
CELL PHONE NUMBER:		
FAX NUMBER:		
POSTAL ADDRESS:		
HOME ADDRESS:		
E-MAIL ADDRESS:		

ANY DECEASED PARENTS?: FATHER OR MOTHER BOTH (MARK WITH X)

PERSON RESPONSIBLE FOR HOSTEL OR SCHOOL ACCOUNT

Surname:_____	Full Names:_____
Title:_____	ID-number:_____
Employer:_____	E-mail address:_____
Home address:_____	Postal address:_____
_____	_____
_____	_____
Telephone number:(w)_____	Telephone number:(h) _____
Cell Phone number:_____	Fax number:_____

CHECKLIST

	YES	NO
1. Certified copy of birth certificate OR certified copy of learner identity document.		
2. Certified copy of father & mother's identity document.		
3. Copy of proof of residence (municipality account OR ESKOM account).		
4. Latest school report.		

DECLARATION AND UNDERTAKING TO PAY HOSTEL FEES OR SCHOOL FEES

I, the undersigned _____, (full name and surname) parent / guardian of the following child / children (full name and surname of each student):

1. _____ Grade: _____

2. _____ Grade: _____

Hereby declare that I am responsible for the prompt payment of hostel / school fees and any possible levies / deposits payable. I am aware that in light of my commitment to Bekker High School, I am liable for all hostel / school fees as determined annually by the governing body in addition to all tracing, collection and attorney / client fees, should the account be handed over to an attorney or debt collector.

A hostel deposit of **R 2,500.00** is payable on admission. A school fee deposit of **R 2,000.00** is payable on admission.

Hostel fees are payable quarterly and in advance, to ensure the learner's place. **SHOULD THE QUARTERLY AMOUNT NOT BE SETTLED WITHIN 7 DAYS FROM THE COMMENCEMENT OF THE QUARTER, THE LEARNER WILL BE DENIED ACCESS TO THE HOSTEL.** The responsible party will remain liable for all outstanding hostel fees.

Hostel / school fees are adjusted annually in October for the following year. The new fees will be communicated to parents in writing. Monthly payments are subject to a signed debit order for January to October. **Monthly payments for hostel will only be accepted if a debit order for January to October is completed and signed for at the financial office.**

The learner's accommodation in the hostel is reserved for the entire year. Should the student leave the hostel during the year, all paid hostel fees will be forfeited. The responsible party will continue to be liable for the annual outstanding hostel fees.

Any damage caused by a student will be brought to the attention of the liable person. A detailed invoice for the repair of the damage will be presented to the liable person and the liable person will be responsible for the cost.

I undertake to pay the **HOSTEL FEES** as follows:

Three (3) Quarterly in advance payments	
January, 1 April and 1 July	

Singed at _____ on _____ day of _____ 20 _____

Signature of person responsible for account

OR

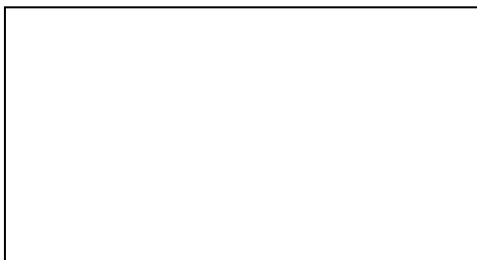
ORGANISATION RESPONSIBLE FOR ACCOUNT

Name of organisation: _____ Contact Person: _____

Telephone number: _____ Fax number: _____

Home Address: _____ Postal address: _____

E-mail address: _____



STAMP OF ORGANISATION

SIGNATURE: POWER OF ATTORNEY

ACADEMIC SUBJECT CHOICES GRADE 10-12

(Mark with X Maths and 3 other subjects)

- | | |
|-----------------------------------|---|
| Afrikaans (HL and FAL) | <input checked="" type="checkbox"/> (Compulsary) |
| English (HL and FAL) | <input checked="" type="checkbox"/> (Compulsary) |
| Maths | <input type="checkbox"/> (Choice of MATHS/ MATHS LIT) |
| Maths Literacy | <input type="checkbox"/> |
| Life Orientation | <input checked="" type="checkbox"/> (Compulsary) |
| Accounting | <input type="checkbox"/> |
| Agricultural Management Practices | <input type="checkbox"/> |
| Agricultural Sciences | <input type="checkbox"/> |
| Agricultural Technology | <input type="checkbox"/> |
| Business Studies | <input type="checkbox"/> |
| Computer Applications Tegnology | <input type="checkbox"/> |
| Consumer Studies | <input type="checkbox"/> |
| Engineering graphics and Design | <input type="checkbox"/> |
| Geography | <input type="checkbox"/> |
| Life Science | <input type="checkbox"/> |
| Physical Science | <input type="checkbox"/> |
| Travel and Tourism | <input type="checkbox"/> |

EXTRAMURIAL ACTIVITIES

I / We, the parents / guardians of the learner am / are aware that learners participate, from time to time, in extra-curricular activities at Bekker High School and at Bekker High School Hostel. This includes attending functions and visits to other events.

The responsible person's permission, is required if the learner leaves the hostel grounds.

I / We have no objection to the learner participating in these activities, provided that the learner has obtained the necessary permission from the responsible teacher on duty.

I / We understand that the learner is expected to behave at all times and that his / her conduct will not lead to any misconduct that could cause injury or be a violation of any hostel or school rules.

I / We indemnify Bekker High School and Bekker High School Hostel, the staff of the school and hostel of any type of claim against the said organisations and persons, should a learner make himself / herself guilty of misconduct or offense, or should such a learner sustain an injury during his/her participation in any activities.

UNDERTAKING BY PARENT / GUARDIAN

We further undertake to immediately notify Bekker High School's financial department of any change in our personal information.

I / We as parents / guardian undertake to ensure that the learner will comply with all the rules of Bekker High School and Bekker High School Hostel.

I / We as parents / guardians undertake to respect the rules for the collection, return and visits to the learner at the school and hostel.

I / We hereby confirm as parents / guardian that I / we have read both the general information and financial obligations and that I / we and my child / children respectfully accept the contents.

I hereby declare parents / guardian that the information I/we have provided is true and correct.

Signature parent / guardian

Date

WITNESSES:

1. _____
Signature

Full Name and Surname

2. _____
Signature

Full Name and Surname

UNDERTAKING BY THE LEARNER

I hereby undertake, _____ (full name and surname of learner) to abide by all rules and conditions of the hostel and the school at all times and to abide by all authority appointed over me. I promise to always be well mannered and courteous to fellow students and staff.

Signature of learner

Date

BEKKER HIGH - DOCUMENTATION



PLEASE SUBMIT THE FOLLOWING DOCUMENTS WITH THE APPLICATION TO THE SCHOOL:

- Certified copy of both the parents' or guardians ID document.
- Certified copy of the child's birth certificate.
- Proof of legal guardianship if not biological parent.
- Study permit for legal immigrants.
- Proof of residence e.g. ESKOM account or municipality account or current work address.
- Current school report.
- Copy of medical aid card, front and back (if you do have a medical aid)

ADDITIONAL DOCUMENTATION FOR HOSTEL LEARNERS:

- For HOSTEL learners, please complete an application form.
- HOSTEL parents, 3 months personal original bank statements for both parents.
- HOSTEL parents, the confidentiality report page 8 on the application needs to be completed by the current school and mailed to info@hsbekker.co.za.

PLEASE TAKE NOTE THAT NO APPLICATION WILL BE CONSIDERED WITHOUT THIS DOCUMENTATION.

HOSTEL APPLICATION

(Only needs to be completed for HOSTEL pupils by Principal or HOD of current school)

SEND CONFIDENTIALITY REPORT BACK TO: - info@hsbekker.co.za ()

NAME AND SURNAME OF LEARNER: _____

CURRENT GRADE: _____ **CURRENT SCHOOL:** _____

AMOUNT OF LEARNERS IN THE SCHOOL: _____ **CONTACT NR. SCHOOL:** _____

1. ACADEMICS (Mark with X)

Report card 90% 80% 70% 60% 50% 40% <30%

2. LEADERSHIP ABILITIES (Mark with X)

Head boy/Girl Prefect Team Captain Has leadership abilities
No leadership abilities

3. SPORT ACHIEVEMENT (Mark with X)

Provincial District Big schools Medium schools Small schools

4. CULTURAL ACHIEVEMENTS (Mark with X)

Provincial District Big schools Medium schools Small schools

5. BEHAVIOUR (has the learner been found guilty of the following? (Mark with X)

SMOKING LIQUOR FORBIDDEN SUBSTANCE THEFT BUNKING
AGGRESSIVE BEHAVIOUR Please specify: _____

6. ARREARS SCHOOL/HOSTEL FEES YES / NO (mark with X)

Reasons _____

7. HAS THE PARENT BEEN HANDED OVER FOR DEBT COLLECTION? YES / NO

8. HOW IS THE PAYMENT RECORD? GOOD OR BAD (mark with X)

9. WHY WOULD THE CHILD BENEFIT FROM STAYING IN THE HOSTEL?

SIGNATURE PRINCIPAL/HOD

DATE

SCHOOL STAMP



HOËRSKOOI BEKKER HIGH SCHOOL



VRYWARING EN KWYTSKELDING / EXEMPTION AND INDEMNITY

Ek _____ (volle naam en van) gee hiermee my volle toestemming dat my seun/dogter _____ (volle naam en van) _____ (ID nommer) aan enige sport aktiwiteite, departementele besoeke en buitemuurse aktiwiteite van Hoërskool Bekker mag deelneem, asook toere en uitstappies mag meemaak wat vir die beoefening daarvan nodig is, gedurende sy/haar skoolloopbaan.

I, _____ (full names and surname) hereby grant my full consent that my child _____ (full names and surname) _____ (ID number) to participate in any sport activities, educational visits and extramural activities undertaken by Bekker High School and will also allow my child to travel to and from venues and excursions for the period that he/she is a learner at Bekker High School.

Ek aanvaar dat alle redelike voorsorg vir die veiligheid en welstand van my kind getref sal word en dat ek, indien van toepassing, verantwoordelik sal wees vir die betaling van mediese- en hospitaalkoste in geval van 'n besering wat nie aan die nalatigheid van die verantwoordelike personeel toegeskryf kan word nie. Ek onderneem om geen aksie te neem teen Hoërskool Bekker en/of sy personeel in geval van 'n besering.

I accept that all reasonable precautions will be taken to ensure the safety and well-being of my child and that I, if applicable, will be responsible for the payment of medical and hospital expenses in case of a subsequent injury not caused by the negligence of the responsible teacher/s. I undertake not to take any action against Bekker High School and/or any of its staff in the case of an accident.

Ek dra my magtiging as ouer/voog oor aan die skoolhoof van die skool (of sy verteenwoordiger), indien mediese behandeling / chirurgiese ingreep vir my kind nodig mag wees. Sover ek weet is hy/sy fisies in staat om aan die genoemde aktiwiteite deel te neem en verkeer hy/sy in goeie gesondheid.

I confer my authority as parent/guardian to the principal of the school (or his representative), should my child require medical treatment/surgical intervention. To my knowledge, he/she is physically able to participate in the above mentioned activities and he/she is in good health. I hereby knowingly and irrevocably indemnify Bekker High School from any costs medical or otherwise, that may be incurred in the process.

Ek vrywaar hiermee die Gauteng Departement van Onderwys en enige werknemer van die Departement, Beheerliggaam asook Hoërskool Bekker van enige eis wat ten opsigte van my kind kan voortspruit.

I hereby indemnify the Gauteng Department of Education and any employee of the Department, Governing Body as well as Bekker High School from any claim which could be made regarding my child.

Ek versoek egter dat die verantwoordelike persone op die volgende sal let: (Noem asb. hieronder die aspekte waarvan die opvoeders bewus moet wees - bv. allergië, geneigdheid tot abnormale bloeding, epilepsie, ens.)

I request the persons concerned to take note of the following: (Please mention below aspects which the educators should bear in mind - e.g. allergies, tendency to abnormal bleeding, epileptic seizures, etc.)

 Handtekening van ouer/voog
 Signature of parent/guardian

 ID Nommer/ ID Number

YEAR _____ GR. _____



HOËRSKOOL BEKKER HIGH SCHOOL

Must be completed in full / Moet volledig voltooi word



Number of children in family / <i>Aantal kinders in gesin</i>	
Other children in BEKKER HIGH? / <i>Ander kinders in HOËRSKOOL BEKKER?</i>	Yes/Ja <input type="checkbox"/> No/Nee <input type="checkbox"/>
Name and grade / <i>Naam en graad</i>	1.
Name and grade / <i>Naam en graad</i>	2.
Name of family doctor / <i>Naam van huisdokter</i>	
Telephone number of doctor / <i>Telefoonnommer van dokter</i>	
Name of medical aid / <i>Naam van mediese fonds</i>	
Medical aid number / <i>Mediese fondsnommer</i>	
Main member (Initials and surname) / <i>Hooflid (Voorletters en van)</i>	
Learners medical condition / <i>Leerling se mediese toestand</i>	
Allergies / <i>Allergieë</i>	
Contact person outside family / <i>Kontakpersoon buite gesin</i>	1.
Telephone and cell numbers / <i>Telefoon-en selnommers</i>	
Relation to learner / <i>Verwantskap met leerling</i>	
Contact person outside family / <i>Kontakpersoon buite gesin</i>	2.
Telephone and cell numbers / <i>Telefoon-en selnommers</i>	
Relation to learner / <i>Verwantskap aan leerling</i>	

	FATHER	MOTHER
NAME AND SURNAME		
ID NUMBER:		
TITEL:		
TELEPHONE NUMBER: (H)		
TELEPHONE NUMBER: (W)		
CELLPHONE NUMBER:		
E-MAIL ADDRESS:		
OCCUPATION:		
POSTAL ADDRESS:		
RESIDENTIAL ADDRESS:		
WORK ADDRESS:		
EMPLOYER:		

SIGNATURE

ID NUMBER