

2020

AANSOEK OM TOELATING TOT:
APPLICATION FOR ADMISSION TO:



HOËRSKOOL KNYSNA HIGH SCHOOL

Foto x 1
Photo x 1

Tel: (044) 382 2137/8
Fax: (044) 382 0558
e-pos / e-mail: admin@knysnahigh.co.za
Webtuiste / Web site: www.knysnahigh.co.za

Openbare skool soos omskryf in Wet 84 van 1996
Public school as defined by Act 84 of 1996

LEERDER / LEARNER:

Graad in /Grade in 2020: _____

Van / Surname: _____

Familiekode / Family Code: _____

Naam / Name: _____

Geboortedatum / Date of birth: _____

Nasionaliteit / Nationality: _____

ID Nommer / ID Number: _____

Geloof / Religion: _____

Paspoortnommer / Passport number: _____

Geslag / Gender: VROULIK / FEMALE MANLIK / MALE

Ras / Race: Swart Kleurling Wit Ander/Other: _____
Black Coloured White

Huistaal / Home Language: Afr. Eng. Xhosa Zulu Ander/Other: _____

Onderrigtaal / Teaching Language: Afr. Eng.

Leerder se Sel nr.: / Learner's Cell no.: _____

Bly by: Beide ouers Moeder Vader Voog
Living with: Both parents Mother Father Guardian

Ouer oorlede: Beide ouers Moeder Vader
Parent deceased: Both parents Mother Father

Koshuisloseerder / Hostel Boarder: Ja / Yes Nee / No

Hoeveel broers en susters is reeds by Knysna Hoër?
How many brothers and sisters already attend Knysna High? _____

Rede waarom skool verlaat word:
Reason for leaving this school: _____

Vervoertipe / Transport type: Privaat / Private Taxi Bus Afstand / Distance _____

HEG AAN / ATTACH

Gesertifiseerde afskrifte van: / Certified copies of:

- ID/Paspoort / ID/Passport:
- Geboortesertifikaat / Birth certificate:
- Bewys van studiepermit / Proof of study permit:

Bewys van woonadres / Proof of residence:

Rapport / Report:

Vertrekkaart / Transfer card: (Laaste skooldag / Last day of school)

Inskrywingspakket / Enrolment pack: **R475**
(Das, dagboek, T-hemp / Tie, diary, T-shirt)

NAASBESTAANDE / NEXT OF KIN:*(Nie ouer nie / Not parent)*

Van / Surname: _____

Naam / Name: _____

Titel / Title: Mev. / Mrs Me / Ms Mnr. / Mr Ander / Other: _____

Verwantskap / Relationship: _____

Tel. nr.: (H) (____) _____ (W) (____) _____ Sel / Cell _____

MEDIESE GEGEWENS / MEDICAL INFORMATION:

Enige allergieë? Verskaf besonderhede:

Any allergies? Supply details: _____

Is daar enige fisiese gebreke waarvan ons kennis behoort te neem?

Are there any serious disabilities of which we should take note? _____

Naam van fonds / Name of fund: _____

Naam van lid / Name of member: _____

Nommer / Number: _____

Dokter / Doctor: _____

VORIGE SKOOL / PREVIOUS SCHOOL:

Naam / Name: _____

Adres / Address: _____

_____ Kode / Code: _____

Provinsie / Province: _____

Tel. nr.: _____

SKOOLPROGRAMME / SCHOOL PROGRAMMES:**Onderstreep watter van die onderstaande aktiwiteite die aansoeker beoefen:****Underline which of the following activities the applicant takes part in:****SPORT:**

Atletiek, Krieket, Swem, Tennis, Hokkie, Muurbal, Netbal, Rugby, Skaak, Gimnastiek / Athletics, Cricket, Swimming,

Tennis, Hockey, Squash, Netball, Rugby, Chess, Gymnastics

KULTUUR / CULTURAL:

CIA, Debat, Koor, Interact, Waardigheidsklub, Skoolkoerant, Fotografie / CIA, Debate, Choir, Interact, Dignity club, School's newspaper, Photography

OUER / VOOG / PARENT / LEGAL GUARDIAN 1

OUER VERWANTSKAP / PARENT TYPE

Biologiese Ouer / Biological Parent: Ouer: Aangeneem / Parent: Adoptive:

Ouer: Wettige Voog / Parent: Legal Guardian: Ouer: Stief / Parent: Step:

Ouer: Ander / Parent: Other:

Titel / Title: _____

Van / Surname: _____

Naam / Name: _____

Getroud Geskei Wewenaar Enkel
Married Divorced Widow Single

ID nommer / ID number: _____

Tel. nr.: (H) (____) _____ Sel / Cell _____

E-pos / E-mail: _____

Posadres / Postal address: _____

(Kode / Code: _____)

Woonadres / Home address: _____

(Kode / Code: _____)

**Beroepstatus
Occupation status:**

Eie werkgewer Professioneel / Own Employer Professional	
Eie werkgewer Onprofessioneel / Own Employer Non-professional	
Voltyds / Full time	
Deeltyds / Part time	
Tydelik / Temporary	
Kontrakwerker / Contract worker	
Huisvrou / Housewife	
Werkloos / Unemployed	
Pensionaris / Pensioner	
Student	

Beroep / Occupation: _____

Werkgewer / Employer: _____

Tel nr.: _____

Adres / Address: _____

(Kode / Code: _____)

OUER / VOOG / PARENT / LEGAL GUARDIAN 2

OUER VERWANTSKAP / PARENT TYPE

Biologiese / Biological Ouer: Ouer: Aangeneem / Parent: Adoptive:

Ouer: Wettige Voog / Parent: Legal Guardian: Ouer: Stief / Parent: Step:

Ouer: Ander / Parent: Other:

Titel / Title: _____

Van / Surname: _____

Naam / Name: _____

Getroud Married
Geskei Divorced
Wewenaar Widow
Enkel Single

ID nommer / ID number: _____

Tel. nr.: (H) (____) _____ Sel / Cell _____

E-pos / E-mail: _____

Posadres / Postal address: _____

(Kode / Code: _____)

Woonadres / Home address: _____

(Kode / Code: _____)

**Beroepstatus
Occupation status:**

Eie werkgewer Professioneel / Own Employer Professional	
Eie werkgewer Onprofessioneel / Own Employer Non-professional	
Voltyds / Full time	
Deeltyds / Part time	
Tydelik / Temporary	
Kontrakwerker / Contract worker	
Huisvrou / Housewife	
Werkloos / Unemployed	
Pensionaris / Pensioner	
Student	

Beroep / Occupation: _____

Werkgewer / Employer: _____

Tel nr.: _____

Adres / Address: _____

(Kode / Code: _____)

Handtekening:
Signature: _____

Datum:
Date: _____

2020

Naam van Leerder:

Name of learner :

GR

Familiekode:

Family code:

Rekeningnummer:

Account number:

BETALINGSBESONDERHEDE / PAYMENT DETAILS:

Persoon verantwoordelik vir betaling van skoolgeld:
Person responsible for payment of school fees

Vader
Father

Moeder
Mother

Voog
Guardian

Van / Surname: _____

Naam / Name: _____

Titel / Title: Mev. / Mrs Me / Ms Mnr. / Mr. Ander / Other: _____

ID nommer / ID number: _____ (Heg afskrif aan / Attach copy)

Tel. nr.: (H) (____) _____ (W) (____) _____ Sel / Cell _____

E-pos / E-mail _____

Posadres / Postal address: _____

(Kode / Code: _____)

Woonadres / Home address: _____

(Kode / Code: _____)

HOE GAAN U BETAAL? / HOW DO YOU INTEND PAYING?

Volle bedrag voor einde
Februarie met 10% afslag
In full before end February
with 10% discount

10 maande debietorder
10 months debit order
of kontant / or cash
of/or EFT

Individuele reëling met skoolhoof
(Uitsonderlike gevalle)

Individual arrangement with principal
(Exceptional cases)

NB: Met bank- of internetbetalings moet u asseblief die betalingsbewys aan die skool faks.
With bank or internet payments you must please fax the proof of payment to the school.

Bank besonderhede: Nedbank, KNYSNA – Rekeningnummer 1 048 884 031 – Bankkode 10 89 14
Bank details: Nedbank, KNYSNA – Account number 1 048 884 031 – Bank code 10 89 14

Name en Van van broers en susters: 1. _____

Gr.

Name(s) and Surname of sibling(s): 2. _____

Gr.

3. _____

Gr.

Ek bevestig dat ek die wettige voog van die leerder is. Ek doen aansoek vir toelating tot die skool namens die leerder hierbo genoem en hiermee verbind ek myself as hoof- (mede) skuldenaar vir alle skoolgelde verskuldig en betaalbaar aan Hoërskool Knysna.

I confirm that I am the legal guardian of the learner. I apply for admission to the school on behalf of the learner stated above and hereby bind myself as principal (co-)debtor for all fees due and payable to Knysna High School.

Handtekening / Signature: _____

Datum / Date: _____

(Persoon verantwoordelik vir betaling / Person responsible for payment)

Beursaansoekvorms is beskikbaar van die bedryfsbeampte. Dit moet teen 28 Februarie 2020 voltooi en ingehandig wees.
Bursary application forms are available from the bursar. These must be completed and handed in by 28 February 2020.

SLEGS VIR KANTOOR GEBRUIK / OFFICE USE ONLY:

Afskrif van Identiteitsdokument:

Copy of Identity document:

DEBIT ORDER INSTRUCTION

FROM: NAME LEARNER.....

ADDRESS: GR:.....
.....

Tel. no/Cell no: DATE:.....

E-mail:

TO: HIGH SCHOOL KNYSNA HOËRSKOOL

Dear Parent/To whom it may concern

The details of my/our bank account are as follows:

BANK:

BRANCH NAME AND TOWN:

BRANCH NUMBER:

ACCOUNT NUMBER:

TYPE OF ACCOUNT: Current(Cheque)/Savings/Transmission(delete where not applicable)

I/We hereby request, 'instruct' and authorise you to draw against my/our account with the above-mentioned bank (or any other bank or branch to which I/we may transfer my/our account) the sum of R.....(and amount in words) 'the amount necessary for payment of the monthly instalment/premium due.

On the **1st, 15th or 25th DAY OF EACH AND EVERY MONTH** commencing on and continuing (as the case may be). All such withdrawals from my/our bank account by you shall be treated as though they had been signed by me/us personally.

I/We understand that the withdrawals hereby authorised will be processed by computer through a system provided by the South African Banks, and I also understand that details of each withdrawal will be printed on my bank statement or on an accompanying voucher.

I/We agree to pay any bank charges relating to this debit order instruction.

This authority may be cancelled by me/us by giving you 30 (thirty) days notice in writing, sent by prepaid registered post or personal delivery, but I/we understand that I/we shall not be entitled to any refund of amounts which you have withdrawn while this authority was in force if such amounts were legally owing to you.

Receipt of this instruction by you shall be regarded as receipt thereof by my/our bank (whichever it is or will be).

ASSIGNMENT:

I/We acknowledge that the party hereby authorised to effect the drawing/s against my/our account and that I/we may not delegate any of my/our obligations in terms of this contract/authority to any third party without prior written consent of the authorised party.

Signed inon thisday of.....

.....
SIGNATURE as used for signing Cheques

.....
ASSISTED BY
(Where legally necessary)

.....
CAPACITY