



APPLICATION FOR 2017 ADMISSIONS

MOST IMPORTANT:

- This Application for Admission will only be processed if ALL FIELDS are completed legibly, are signed and ALL supporting documents are attached.

THE FOLLOWING STIPULATIONS MUST BE ADHERED TO OR ADMISSION WILL NOT BE GRANTED

1. **ONLY A FEW VACANCIES ARE AVAILABLE FOR EACH GRADE.** Completion and Submission of the Admission Form does not guarantee acceptance to Hoërskool Bergvlam. Admission will only be considered for Gr. 8 to Gr. 12 learners whose previous school had the same LOLT (Language of Learning and Teaching) as Hoërskool Bergvlam, namely Afrikaans Home Language and English Home Language and FAL (First Additional Language) namely English Additional Language and Afrikaans First Additional Language.
2. **WE ADVISE YOU TO APPLY AT OTHER SCHOOLS IN THE AREA AS WELL.**
3. The admission form must be completed in full. This is a legal and binding document. **No areas must be left open** (cross out areas that are not applicable). *No tippex allowed!*
4. **Incomplete forms or documents will not be accepted** and will result in your child's application form being delayed for further processing.
5. **Your application will be null and void if your form contains any false information.**
6. **Closing date for 2017 Applications for Admission is on Wednesday, 31 August 2016 at 12:00** The completed original Admission form must be handed in at the school / faxed / e-mailed on or before the cut-off date. **Late application forms will immediately be placed on the waiting list.**
7. **Please use neat and concise handwriting** when completing the admission form to avoid any information being captured incorrectly.
8. The School Governing Body reserves the right to check Admission details with your employer.
9. Parents will be informed by e-mail if their child's application was successful. Unsuccessful applications will receive a letter through the post stating the reason why the child was not accepted.
10. **PLEASE NOTE: ON RECEIVING A PROVISIONAL ACCEPTANCE LETTER, A FEE OF R500 IS PAYABLE PER CHILD TOWARDS ADMINISTRATION FEES. THIS AMOUNT IS NON-REFUNDABLE.**
11. **REQUIRED SUPPORTING DOCUMENTS:**

Please hand in CLEAR
CERTIFIED COPIES of the
following documents:

- 1 copy – Guardians are expected to produce the necessary Official Legal Proof of Adoption from the court with applications.
- 1 copy – Proof of residence (FICA standard), not older than three months (Water and Lights account / Rental Agreement or Deed of Sale, must be in parent's own name).
- 1 copy of each parent's I.D. documents (if a parent is deceased, please attach death certificate)
- 1 copy – Medical Aid card (front and back)
- 1 copy – Birth Certificate of the child
- 1 copy – Term 2 school report to prove that learner had tuition in the same LOLT, namely Afrikaans Home Language / English Home Language and FAL, namely English First Additional Language and Afrikaans First Additional Language.
- 1 x copy – ID Document of person/s responsible for payment of School Fees (should the fees be paid by another party).
- *Immigrant families need to submit valid work and study permits.*

12. **FEEDER ZONE:**

Children from the feeder schools will be given preference.

PLEASE NOTE:

Should your child be accepted you will be notified via e-mail. Your acceptance form and payment of R500 must be completed by 30 September 2016 to secure your child's place for 2017. Fax proof of payment if paid electronically. State child's name, surname and grade applied for.

IF YOU FAIL TO MAKE THE NECESSARY PAYMENT BY THE GIVEN DATE, WE ARE COMPELLED TO PUT YOUR CHILD ON THE WAITING LIST.



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 @HBergvlam

APPLICATION FOR ADMISSION

of a learner and the payment of school fees for 20_____

Please note: a separate form must be completed per learner!

Contractual agreement between Hoërskool Bergvlam (hereafter referred to as 'the school') represented by

Bernard van Rooyen
 in capacity as chairperson of the School Governing Body

AND

Full names and surname of Parent / Guardian (hereafter referred to as 'the parent')

(Identification Number of parent)

The parent hereby applies for admission to the school, for

_____ in Gr _____ for the year 20_____

(name of learner)

1. The parent agrees to:
 - a) The Admission Requirement
 - b) The Code of Conduct and Disciplinary Code;
 - c) The Mission of the School;
 - d) The conditions applicable for the payment of school fees as stipulated in the Admission Brochure of the school for 2007 which must be seen as part of this Agreement – available at www.bergvlam.co.za.
2. I choose the following address to be my *domicilium citandi et executandi* (Where I reside):

Postal Address

Physical Address

_____ Code _____

_____ Code _____

- 2.1 I undertake, in the event of a change of address to notify the school in writing within 7 days of the change, or change it on Saspac Global myself.
- 2.2 I undertake, in the event of a change of my contact number/s, to notify the school immediately, or change it on Saspac Global myself.
- 2.3 If I neglect to notify any change of address or contact numbers as in paragraph 2, I will be liable for any costs incurred.

3. SCHOOL FEES

- a. The prescribed school fees (as agreed on at the parents meeting) are from time to time subject to increase and the parents/guardian will be liable after written notice. The increased amount will be read as part of this agreement.
- b. School fees are payable in advance, before or on the 7th day of each month. The final payment must be made by 31 October of each year (payment over 10 months), or 31 December of each year (payment over 12 months).
- c. Failure to make payment by the due date will result in the Board of Governors instituting the necessary Legal Action at parent's cost for recovery of the outstanding fees.



- d. A Fee of R500 per child is payable on acceptance of admission. **This fee is non-refundable.**
- e. I take note that a school fees account which is in arrears for longer than 90 days, without making the necessary arrangements with the Finance Office, will be handed over to the school's debt collecting company.
- f. **If I neglect to fulfil the payment terms, the full outstanding amount will be payable immediately.**
- g. I will be liable for all legal fees as well as any other cost incurred, in order to recover the prescribed school fees.
- h. **I undertake to pay the fees for consumable stock (Gr 10-12), which is applicable to certain learning areas, before the end of the first school month.**
- i. A certificate, in which any outstanding amount (with interest added) indicated, will be sufficient proof of the amount indebted and that it will not be necessary to prove the appointment and / or authorisation of the signatory. This certificate will be regarded as a liquid document for the purpose of obtaining a temporary jurisdiction.
- j. Exemption option: According to the SA School's Act you may apply for exemption of school fees to the Governing Body.
- k. **Both parents, even if divorced, are jointly and separately, responsible for paying school fees.**

OPTIONS FOR PAYMENT (please tick preferred box)

- School Fees that are paid in full by the last day of February 2017 receive discount.
- Debit order over 10 months.
- EFT Transfers / Direct banking (Please always use your child's admission number as the reference – will show on school fee statement sent via e-mail).
- Monthly cash payments.

I / We, Mr. _____, with ID No: _____

and

Mrs. / Ms _____, with ID No: _____

hereby jointly and/or separately accept the responsibility of our child/ren's School Fees.

Signature – Father

Signature – Mother

2.1 PERMISSION TO USE PHOTOGRAPHS

I understand and acknowledge that, from time to time, informal photographs are taken of the School's learners, and that, insofar as these photographs are placed in the possession or control of the School, these photographs might be used by the School in the electronic and / or printed media which use will be solely for purposes of marketing the school as well as congratulating achievers.

2.2 PERMISSION FOR THE UTILISATION OF SUPPORT SERVICES

I hereby give permission to my child to utilise the school's support services when necessary / to be referred by the principal / deputy principal / grade tutor. I do understand that I will at all times be notified of the school's involvement with my child.

3. DECLARATION OF PARENTS / LEGAL GUARDIANS:

- a. We, the undersigned parents, legal guardians, hereby certify that the information given by us in this Application for Admission is complete and accurate.
- b. We also agree to the terms and conditions as set out in the Code of Conduct of the school.
- c. We accept that the School is based on Christian principles and values and undertake that this will not be undermined.
- d. Any false declaration regarding the permanent address of the learner will be regarded in a serious light and legal action may be taken against offenders.
- e. The Board of Governors may visit me at my place of residence at any time to ascertain that information given is correct and the Board reserves the right to check admission details with my employer.
- f. I will ensure that my child complies with the general rules and discipline of the school, including the dress code. I will support my child and attend functions when possible.
- g. My child will take responsibility for any textbooks or other school property, (which he/she damages or lose); such items will be replaced or repaired by the applicant.

4. INDEMNITY:

- a. I accept that all reasonable precautions will be taken regarding the safety and well being of my child.
- b. I also agree to indemnify the School and all parties involved in the various activities relating to the School against all risks, claims, losses and injuries, which my child may suffer, provided that all reasonable precautions are taken.
- c. On written official acceptance of my child by Hoërskool Bergvlam, I will be presented, by the School, with a copy of the Code of Conduct, List of School Uniform Suppliers, Stationery List and the School Prospectus, which includes the Mission Statement and rules of the school.
- d. I agree to bind my child and myself to these rules and regulations which I undertake to discuss with him/her.
- e. Should my child require urgent medical/surgical/dental treatment and the school is unable to contact me or a person designated by me, within reasonable time, I cede my powers as parent/guardian to the Principal or her/his delegate to stand "IN LOCO PARENTIS".

5. CONSEQUENCES OF FALSE DECLARATION:

Should the School Governing Body of Hoërskool Bergvlam at any given time find that a false declaration was signed, your child will forfeit his/her place in Hoërskool Bergvlam.

I,, parent/guardian of

hereby stated that I HAVE READ AND UNDERSTAND ALL OF THE ABOVE-MENTIONED STIPULATIONS.

Signed at _____ on this _____ day of _____ 20_____

Parent/Guardian

Witness

Full name of witness

Date



**Hoërskool
Bergvlam**

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FOR OFFICE USE:										
Completed forms & documents received:				R..... Non-refundable administration fee			Gr:			
							Acc			
GUARD	P.O.R.	ID	M/A	B/C	I/C	REPORT	STMNT	Receipt No:		
Account No.				Notes:						
Admission No.										
Grade/Class										
House										

LEARNER PARTICULARS

Admission for 20_____

Adm. Nr	
Gr	

Tick

 New Learner

 Previous Bergvlam Learner

1. LEARNER PARTICULARS

Surname											
Name(s)											
Calling name						Date of Birth	YYYY / MM / DD				
Gender	M	F									
ID Number											
Passport Number											
Position in family											i.e. 2/3 second child of three
Home Language	Eng		Afr		Other						
Language of learning	Eng		Afr		Learner Cell Nr						
Currently living with	Father		Mother		Both						
	Guardian		Motivation								
Current School										Grade	

2. PARENT / GUARDIAN PARTICULARS

FATHER / GUARDIAN				MOTHER / GUARDIAN				
				TITLE				
				INITIALS				
				NAME				
				SURNAME				
				ID NUMBER				
				PASSPORT NR				
Father <input type="checkbox"/>		Guardian <input type="checkbox"/>		RELATIONSHIP	Mother <input type="checkbox"/>		Guardian <input type="checkbox"/>	
Married <input type="checkbox"/>	Divorced <input type="checkbox"/>	Single <input type="checkbox"/>		MARITAL STATUS	Married <input type="checkbox"/>	Divorced <input type="checkbox"/>	Single <input type="checkbox"/>	
				NATIONALITY				
				ETHNIC GROUP				
				OCCUPATION				
				EMPLOYER				
				WORK TEL				
				HOME TEL				
				CELLPHONE				
				E-MAIL				
				FAX NR				
ENG <input type="checkbox"/>	AFR <input type="checkbox"/>			LANGUAGE OF COMMUNICATION	ENG <input type="checkbox"/>	AFR <input type="checkbox"/>		
YES <input type="checkbox"/>	NO <input type="checkbox"/>			SMS CONTACT	YES <input type="checkbox"/>	NO <input type="checkbox"/>		
PERSON RESPONSIBLE FOR ACCOUNT				MOTHER <input type="checkbox"/>	FATHER <input type="checkbox"/>	OTHER <input type="checkbox"/>		

3. POSTAL AND RESIDENTIAL ADDRESS

Postal Address		Residential Address	
Code		Code	

4. PARTICULARS OF OTHER SCHOOL GOING CHILDREN

Bergvlam			Other Schools (Primary / Secondary)		
Surname	Name	Gr	Surname	School	Gr

5. CONTACT PERSON IF PARENTS ARE NOT AVAILABLE

Initials and Surname	
Physical Address	
Tel Nr (H)	
Tel Nr (W)	
Tel Nr (Cell)	

6. AUTHORISATION

I hereby (Parent / Guardian)

give permission that (learner's name)

may participate in organised activities, sport and culture of the school, and may make use of organised transport where and when required.

7. GENERAL: Medical

7.1

Doctor	
Tel Nr	
Medical Aid	
Membership nr	

7.2 Is the learner suffering or has the learner suffered from any of the following illnesses? Please indicate with an X:

Asthma	<input type="checkbox"/>	Hepatitis	<input type="checkbox"/>	Polio	<input type="checkbox"/>	Other, please advise	<input type="checkbox"/>
Rheumatic fever	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	Typhoid fever	<input type="checkbox"/>	_____	
Allergies	<input type="checkbox"/>	Please specify: _____					

7.3 Other conditions

Dyslexia	<input type="checkbox"/>	ADHD	<input type="checkbox"/>	Depression	<input type="checkbox"/>	Medication (specify)	<input type="checkbox"/>
ADD	<input type="checkbox"/>	Autism	<input type="checkbox"/>	_____			

7.4 Disabilities

Physical (specify) _____

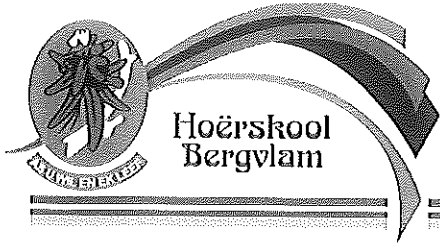
7.5 Is the learner suffering or has the learner suffered from or received treatment for any psychological or emotional upset?

YES	/	NO
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If yes, please give details: _____

8. COPIES OF THE FOLLOWING DOCUMENTATION MUST BE ATTACHED TO THIS APPLICATION

Copy of the latest report	<input type="checkbox"/>	ID of both parents	<input type="checkbox"/>
Birth certificate / ID of learner	<input type="checkbox"/>	Proof of residence	<input type="checkbox"/>
Copy of front and back of Medical Aid Card	<input type="checkbox"/>	Copy of Official Legal Proof of Adoption (Guardians/Foster Care)	<input type="checkbox"/>
Immigrant families (Copy of Valid work and study permits)	<input type="checkbox"/>		<input type="checkbox"/>



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**PERSONAL INFORMATION:
ASPIRING LEARNER**

We would like to know more about you, please complete the following:

1. LEADERSHIP POSITIONS OBTAINED:

Nature of leadership:	Time period / Year
_____	_____
_____	_____
_____	_____
_____	_____

2. SPORT PARTICIPATION

Mark applicable selection:	Position	Team
<input type="checkbox"/> Athletics	_____	_____
<input type="checkbox"/> Chess	_____	_____
<input type="checkbox"/> Cricket	_____	_____
<input type="checkbox"/> Cross-country	_____	_____
<input type="checkbox"/> Hockey	_____	_____
<input type="checkbox"/> Netball	_____	_____
<input type="checkbox"/> Rugby	_____	_____
<input type="checkbox"/> Soccer	_____	_____
<input type="checkbox"/> Tennis	_____	_____

3. CULTURAL PARTICIPATION

Mark applicable selection:

Years/Level

<input type="checkbox"/>	Ballet	_____
<input type="checkbox"/>	Choir	_____
<input type="checkbox"/>	Drama	_____
<input type="checkbox"/>	Eisteddfod	_____
<input type="checkbox"/>	Modern Dancing	_____
<input type="checkbox"/>	Public Speaking	_____
<input type="checkbox"/>	Revue	_____

4. I HAVE APPLIED /INTEND ON APPLYING TO THE FOLLOWING HIGH SCHOOLS:

5. MOTIVATION (to be completed by learner):

Using approximately 40 words, motivate why you think that you would be an asset to Hoërskool Bergvlam:
