



**Hoërskool  
Bergvlam**

☎ (013) 741 1025/6  
 (013) 741 2622/3  
 ☎ (013) 741 1889  
 ✉ 14106 West Acres  
 🌐 www.bergvlam.co.za  
 📧 ontvangs@bergvlam.co.za

# 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		Guardian		Mother		Guardian	
Married	Divorced	Single		Married	Divorced	Single	
				RELATIONSHIP			
				MARITAL STATUS			
				NATIONALITY			
				ETHNIC GROUP			
				OCCUPATION			
				EMPLOYER			
				WORK TEL			
				HOME TEL			
				CELLPHONE			
				E-MAIL			
				FAX NR			
ENG		AFR		ENG		AFR	
YES		NO		YES		NO	
				LANGUAGE OF COMMUNICATION			
				SMS CONTACT			
PERSON RESPONSIBLE FOR ACCOUNT				MOTHER	FATHER	OTHER	

**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**

<b>Initials and Surname</b>	
<b>Physical Address</b>	
<b>Tel nr (H)</b>	
<b>Tel nr (W)</b>	
<b>Tel nr (Cell)</b>	

**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

<b>Doctor</b>	
<b>Tel nr</b>	
<b>Medical Aid</b>	
<b>Membership nr</b>	

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: \_\_\_\_\_

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**7.6 Does your child receive any concession, exemption or endorsed NSC to alleviate the learning barrier(s) experienced during exams? \_\_\_\_\_ Please supply proof of permission granted by the Dept. of Education for exemptions or concession.**

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

Copy of the latest report		ID of both parents	
Birth certificate / ID of learner		Proof of residence	
Copy of front and back of Medical Aid Card		Copy of Official Legal Proof of Adoption(Guardians/Foster Care)	
Immigrant families (Copy of Valid work and study permits)		Proof of exemption/concession from the Dept. of Education	
12 month payment record of the Last school attended			