



# LAERSKOOL GENERAAL ALBERTS PRIMARY

## APPLICATION FOR ADMISSION 2022

Gr. 2 – 7 Admissions open: 10 August 2021

Grade 1 – Pls submit application for WITH Waiting List number after 13/09/2020

Class to  
be placed  
in

Date of Application: (Gr.1 Online App Date)	D	D	M	M	Y	Y	Y	Y	Gender	Male	Female
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Name & Surname of Learner:	
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ID Number of Learner:														
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Grade:	LESEN	1	2	3	4	5	6	7	Please select grade applying for
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Email for Correspondence:	
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Cell for correspondence:	
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Alternative Email or Cel No:	
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Online Waiting List No. (Gr.1 ONLY):	W340273/1/
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IF APPLYING FOR MORE THAN ONE CHILD AT LAERSKOOL GENERAAL ALBERTS PRIMARY FOR 2022 ADMISSIONS, PLEASE WRITE DOWN NAMES AND GRADES OF SIBLINGS APPLYING FOR BELOW

1.	
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2.	
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Has the learner you are applying for previously been retained? If yes, please indicate which grades.

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FOR OFFICE USE ONLY

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### DOCUMENTS REQUIRED

Forward **ALL** the following **CERTIFIED** documents with your completed application  
**EMAIL application back to: [admissions@albies.co.za](mailto:admissions@albies.co.za) ONLY from 10 August 2022.**

1	Birth Certificate of Learner	7	Copy (Back and Front) of <b>Medical Aid Card</b> – if applicable
2	ID – Biological Father & Mother / Legal Guardian	8	<b>Proof of Employment</b> (Pay slip / Letter of Employment) for both parents. Domestic Workers can submit UIF registration and contract of Employment.
3	Latest School Progress Report	9	<b>Legal Guardianship documents</b> (COURT documents/ Official document from Social worker) if child does not live with biological parents due to INCAPACITY or DEATH
4	Clinic Card showing Vaccinations	10	Transfer Card (ONLY ON ACCEPTANCE)
5	<b>Proof of residence</b> <b>MUST BE IN PARENTS' NAME (NOT OLDER THAN 3 MONTHS)</b> <ul style="list-style-type: none"> <li>Municipal Account</li> <li>Official rental agreement and Levy Statement</li> <li><b>Handwritten Municipal Address Letter is only accepted for INFORMAL addresses.</b></li> <li><b>SHOULD YOU RESIDE WITH SOME ONE:</b> Complete attached form, and include ID of owner, Utility Bill of owner, Rental agreement &amp; levy statement of owner. In the event, you live with your spouse, attach a marriage certificate.</li> </ul>	11	<b>Foreign Students:</b> <ul style="list-style-type: none"> <li><b>Certified</b> copy of Passport for parents and learner.</li> <li>Official proof of valid Permanent /Temporary Residency / Refugee /Asylum permit papers for parents and learner.</li> <li>No Handwritten birth certificate UNLESS a verification letter from Department. of Home Affairs is attached</li> <li>Persons classified as illegal aliens must, when making application for admission, prove that they have applied to the Department of Home affairs to legalize their stay in the country in terms of the Aliens Control Act 1991 (96 of 1991).</li> <li>Copy of Medical Aid card for learners requiring a Study Permit. <b>(This is required to obtain a study permit)</b></li> </ul>



# LAERSKOOL GENERAAL ALBERTS PRIMARY

Please complete using **BLOCK LETTERS**, black ink and initial each page.  
Completing this form does not necessarily mean that the learner has been accepted into the school.

LEARNER INFORMATION											
GRADE APPLYING FOR: _____ HIGHEST GRADE PASSED: _____ YEAR WHEN GRADE WAS PASSED: _____											
SURNAME OF LEARNER:											
BIRTH NAMES: (as shown on birth certificate)											
PREFERRED NAME: (No nicknames)											
ID-NUMBER - <u>LEARNER</u> :											
PASSPORT NR - <u>LEARNER</u> :											
DATE OF BIRTH:		Dexterity of Learner (Which hand does your child write with?)						LEFT		RIGHT	
GENDER:		M	F	MODE OF TRANSPORT:							
PREVIOUS SCHOOL / NURSERY SCHOOL:								TEL.NR:			
NATIONALITY:		Code: _____	A1: SOUTH AFRICAN A2: CHINESE A3: PORTUGUESE A4: KONGOLES A5: ANGOLESE A6: ZIMBABWEAN A7: ETHIOPIAN A8: OTHER								
POPULATION GROUP:		Code: _____	B1: BLACK B2: COLOURED B3: ASIAN B4: INDIAN B5: WHITE B6: OTHER								
ETHNIC GROUP:		Code: _____	F1: N. SOTHO F2: S. SOTHO F3: NDEBELE F4: SWAZI F5: TSONGA F6: VENDA F7: XHOSA F8: ZULU F9: TSWANA F10: OTHER								
STATUS OF FAMILY:  CODE: _____ (e.g., 1)		1 MARRIED LIVE WITH BOTH PARENTS			2 STEPFATHER			3 STEPMOTHER			
		4 WIDOWER			5 WIDOW			6 GUARDIANS			
		7 DIVORCED LIVE WITH FATHER			8 DIVORCED LIVE WITH MOTHER			9 ESTRANGED LIVE WITH MOTHER			
		10 ESTRANGED LIVE WITH FATHER			11 LIVE TOGETHER			12 SINGLE PARENT (never married)			
		13 OWN MOTHER / STEPFATHER			14 OWN FATHER / STEPMOTHER			15 2 <sup>ND</sup> MARRIAGE			
		16 OTHER (specify):									
INDICATE WITH x WHO THE LEARNER RESIDES WITH AND PHYSICAL ADDRESS:		BOTH PARENTS		LEARNER'S PHYSICAL ADDRESS & PRIMARY CONTACT NUMBER							
		MOTHER									
		FATHER									
		OTHER (SPECIFY)									
NUMBER OF CHILDREN IN HOUSEHOLD AND AGES:				AGE:	AGE:	AGE:	AGE:	AGE:			
<b>BIOLOGICAL</b> BROTHERS / SISTERS <b>ALREADY</b> ATTENDING GENERAL ALBERTS PRIMARY:		NAME:					GRADE:				
		NAME:					GRADE:				
		NAME:					GRADE:				
RELIGION:											
HOME LANGUAGE:							PREFERRED LANGUAGE OF INSTRUCTION:				
COUNTRY OF ORIGIN:											

## FAMILY INFORMATION

### FATHER / PRIMARY GUARDIAN DETAILS:

SURNAME:				
INITIALS:		TITLE:		
FULL NAMES:				
DATE OF BIRTH:				
ID NUMBER / PASSPORT NUMBER:				
CITIZENSHIP:		COUNTRY:		
PHYSICAL ADDRESS:				
	POSTAL CODE:			
BODY CORPORATE / RENTAL AGENCY				
CELL NUMBER:				
E-MAIL ADDRESS:	(Please write legible in print)			
OCCUPATION:				
EMPLOYER:				
WORK ADDRESS:				
WORK TELEPHONE:				
RELATIONSHIP TO LEARNER:		LEARNER RESIDES WITH THIS PARENT: Indicate with X	YES:	NO:

### MOTHER / SECONDARY GUARDIAN DETAILS:

SURNAME:				
INITIALS:		TITLE:		
FULL NAME:				
ID NUMBER / PASSPORT NUMBER:				
DATE OF BIRTH:				
CITIZENSHIP:		COUNTRY:		
PHYSICAL ADDRESS:				
	POSTAL CODE:			
HOME TELEPHONE:				
CELL NUMBER:				
E-MAIL:	(Please write legible in print)			
OCCUPATION:				
EMPLOYER:				
WORK ADDRESS:				
WORK TELEPHONE:				
RELATIONSHIP TO LEARNER:		LEARNER RESIDES WITH THIS PARENT: Indicate with X	YES:	NO:

## NEXT OF KIN - CONTACT IN CASE OF EMERGENCY IF PARENTS CAN NOT BE REACHED

NAME AND SURNAME:	1.	2.
RELATIONSHIP TO LEARNER:		
CONTACT NUMBER: (C)		
CONTACT NUMBER: (W)		
CONTACT NUMBER: (H)		

## FAMILY DOCTOR AND MEDICAL AID DETAILS:

NAME OF DOCTOR:		TEL.NR:	
MEDICAL AID AND PLAN:		MEMBER NR:	

## MEDICAL & PERSONAL HISTORY

Specify special educational needs / medical condition / disability or Allergy. Please attach any relevant documentation regarding any ailment, disease or disability which the school should know about.


## SCHOOL FEES

### Details of person responsible for school fees

ACCOUNT HOLDER:	Primary Guardian:		Secondary Guardian:		Other: (Specify)	
SURNAME:						
INITIALS:						
TITLE:						
ID / PASSPORT NUMBER:						
POSTAL ADDRESS:						
	POSTAL CODE:					
PHYSICAL ADDRESS:						
	POSTAL CODE:					
HOME TELEPHONE:						
CELL NUMBER:						
OCCUPATION:						
EMPLOYER:						
WORK ADDRESS:						
	POSTAL CODE:					
WORK TELEPHONE:						
E-MAIL ADDRESS: (STATEMENT TO BE E-MAILED)	(Please write legible in print)					

INITIAL: \_\_\_\_\_

**AGREEMENT WITH LAERSKOOI GENERAL ALBERTS PRIMARY  
GENERAL CONDITIONS**

**The parent/guardian undertakes to:**

1. Notify the Governing Body of Laerskool Genl. Alberts Primary within 14 days after change of address of his/her new address. The parent/guardian further confirms that any of the above addresses will serve as his/her domicile citandi et executandi address for the receiving of court process documents, should the parent/guardian fail to give notification of change of address.
2. Should the Governing Body deem it necessary to take any legal action with regards to the recovering of outstanding school fees, the parties agree to the jurisdiction of the Magistrate's court in the ALBERTON district, in accordance with the stipulations of article 45(1) of the Act on Magistrate courts, 32 of 1944.
3. Should the parent/guardian fail to pay school fees, interest will be charged at 15,5% per annum on outstanding accounts.
4. To apply for a subsidy in good time if parent/guardian experience financial problems.
5. In the case of legal action implemented at the discretion of the Governing Body of Laerskool Genl. Alberts Primary the parent/guardian agrees to the costs of the lawsuit between the parties as determined by the Magistrate's Court, on attorney and client scale, AS WELL AS recovering costs.
6. Parent/Guardian agrees irrevocably to the responsibility for the payment of tracing costs and expenditures that may be incurred in the future to trace the work- and/or home address, should it be necessary.
7. This is the full agreement between the Governing Body of Laerskool Genl. Alberts Primary and the parent/guardian of the mentioned learner, no changing of this agreement is valid unless changed in writing and signed by both parties.
8. Acceptance of the school rules / code of conduct unconditionally and undertake to see that our son/daughter subjects him/her to the rules/code of conduct of the school at all times.
9. Hereby acknowledge that I am fully liable for payment of school fees to Laerskool General Alberts Primary for the duration of my child's school admission as well as any outstanding amounts due to the school after the learner has transferred.
10. Agrees and consent that Laerskool General Alberts may forward school records and transcripts to forwarding schools when being transferred.
11. Agrees and consent that the learner may participate in all school activities, extra-mural activities, functions and events which takes part on the school premises.
12. Public school fees are a statutory duty in terms of the South African Schools Act No. 84 of 1996 (as amended), payable annually in advance at the beginning of each school year and such payment is compulsory, unless parents have been granted an exemption or partial exemption of school fees. Irrespective of marital status or divorce agreements, both parents are jointly and severally liable for the payment of school fees. Any divorce order is inter-parties binding on the parties thereto and does not affect the parents' liability to school fees.
13. I agree should any information provided in this application, which is found to be false or incorrect, will lead to the rescinding of the admission of this applicant. Admissions will be administered according to the school's Admission Policy.
14. Foreign learners / Immigrants herewith agree to keep their documentation up to date and to ensure that it is valid at all times and undertake to provide the school with updated permits / visas / documentation prior to expiry.
15. Parents / Guardians of foreign learners requiring a study permit acknowledge that they will apply for such as soon as a provisional acceptance letter is issued to a prospective learner. The school will need to be receive a copy of such permit or proof of application within 6 weeks.

## CONSENT, INDEMNITY AND ACKNOWLEDGEMENT OF DEBT WITH RESPECT TO SCHOOL FEES

### Consent and Indemnity

I hereby give my consent for my child to take part in extramural activities for the school, including educational excursions / tours, cultural and sports activities while attending this school. I fully understand and accept that my child's participation in all tours, excursions and sports activities shall be undertaken at indemnity, hold harmless and absolve the Governing Bode, Principal and Staff against any of all claims whatsoever that may arise in connection with my aforesaid child in the course of any such tour / excursion of cultural or sports activity. I agree that the school my contact me via e-mail / SMS / WhatsApp to improve communication between me and the school. I agree that the school and staff will not be held liable for the loss or damage to the learner's personal belongings.

### Acknowledgment of debt

We agree that both parents, father and mother and / or guardian are jointly and severally liable for the school fees as determined by statutory regulation annually and that fees will be paid in accordance with the requirements set out from time to time by the school for the duration of our / my child's school career at Laerskool General Alberts Primary. We also accept responsibility for any damage our child might cause to school property and will pay for such damage.

### Mandate to gather personal information

We understand the school's right to seek confidential information regarding personal finances and income and agree to the above when application for financial relief is applied for.

### Protection of Personal Information

1. I/we, being the parent/s or legal guardian/s of the learner, consent to:
  - a. My/our personal information being collected, processed and stored by the school in terms of the relevant provisions of the Protection of Personal Information Act 4 of 2013 (POPI) for purposes of the proper functioning, management and governance of the school, as prescribed in the South African Schools Act, 84 of 1996 and other relevant national and provincial educational legislation and policies;
  - b. The learner's personal information (including academic, attendance, behavioral and other school related records) being collected, processed, shared and stored by the school in terms of the relevant provisions of the Protection of Personal Information Act 4 of 2013 (POPI) for purposes of enrolment of the learner in the school, the proper functioning, management and governance of the school, as prescribed in the South African Schools Act, 84 of 1996 and other relevant national and provincial educational legislation and policies.
2. I/we confirm that I/we have been informed that the abovementioned personal information will be dealt with in line with the school's POPI policy. I also confirm that I am aware that my/our rights with regards to the protection of my personal information is also detailed in this policy.
3. I/we give consent to the discreet use of photos / videos of my child to be used at the school, website, newspaper and / or WhatsApp.

I/we confirm that I/we understand that it is my/our responsibility to inform the school as soon as any of the personal information I have provided herein changes and undertake to furnish the school with such amended information as soon as possible.

I, \_\_\_\_\_ parent/legal guardian of \_\_\_\_\_ declare that all information provided on this form is correct and true and that I herewith understand and agree with the conditions and Indemnity and herewith give consent.

SIGNED AT \_\_\_\_\_ ON THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 20\_\_\_\_.

SIGNATURE: (FATHER / Guardian)

Name and Surname (Please print)

ID Number: \_\_\_\_\_

SIGNATURE: (MOTHER / Guardian)

Name and Surname (Please print)

ID Number: \_\_\_\_\_

INITIAL: \_\_\_\_\_

**ADDENDUM** *(Only complete if applicable)*

**Confirmation of Address if Living with Someone,**

I, \_\_\_\_\_ with ID number \_\_\_\_\_ living at the  
address \_\_\_\_\_ Contact number  
\_\_\_\_\_

**Herewith confirm and acknowledge under oath that I am the owner/ lessee of the property with the address.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***And that I am currently co-habiting / renting said property to:***

Name of person \_\_\_\_\_ with ID \_\_\_\_\_

Since (start date) \_\_\_\_\_ and this will be in effect until \_\_\_\_\_ (date).

As proof, herewith please find Certified copies of ID, proof of address, and in case of a sectional title, statement from the Body Corporate. I also confirm that this information is true and correct and give consent for verification of this information and that a house check may be conducted should it be deemed necessary.

Signed by owner: \_\_\_\_\_ Full Names: \_\_\_\_\_

Date: \_\_\_\_\_ Witness Name: \_\_\_\_\_ Signature \_\_\_\_\_

OWNER CONTACT DETAILS: \_\_\_\_\_

HOME CONTACT NUMBER: \_\_\_\_\_

WORK CONTACT NUMBER: \_\_\_\_\_

PHYSICAL ADDRESS: \_\_\_\_\_