LAERSKOOL BERGLAND

# GR 1 - 2027

## APPLICATION FORM

***SUBMIT THE COMPLETED AND SIGNED FORMS + DOCUMENTATION**

## AT OUR SCHOOL'S ADMIN OFFICE

***ONLY APPLICATIONS RECORDED IN THE REGISTER WILL BE PROCESSED.***

***INCOMPLETE APPLICATIONS / DOCUMENTS WILL NOT BE PROCESSED.***
***NO EMAILS WILL BE ACCEPTED, APPLICATIONS MUST BE SUBMITTED BY HAND!***

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**Submit your application at the school on the given times set out below:**

Mon - Thurs: **07:30 - 14:00**
Fridays: **07:30 - 13:00**

Applications **CLOSE: 31 AUGUST 2026**
****No applications will be accepted after 12:00***

**Please keep in mind schools will be closed between 26 June - 20 July 2026.**

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Please complete the following form **IN FULL** and attach ***ALL RELEVANT DOCUMENTATION**

**DOCUMENTATION CHECKLIST (PLEASE TICK) ›**

- ☐ **ID of BOTH parents**
- ☐ **RSA Birth certificate** *(of the Child)*
- ☐ **Proof of residence** *(Must be an utility bill or lease agreement in parent/s own name - not older than 3 months.)*
- ☐ **Clinic card / Immunisation card** *(of the Child)*
- ☐ **Previous / Latest School Report**
- ☐ **Study Permit for Non-RSA citizens** *(Only for NON-RSA learners)*

****No applications will be processed without ALL the relevant documentation.***

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**Child (learner) name & surname:**

**Date of Birth (DD/MM/ YYYY):** D D M M Y Y Y Y

**Residential Address:** Street no. and name:

Area:

Town:

**Do you already have children in our school?** ☐ **No** ☐ **Yes** **If "Yes" please complete below:*

Name of Sibling:

Family Code:

****It is the parents OWN RESPONSIBILITY to make sure that the application is in order before submitting it. I/We as parent/s or guardian/s subject ourselves to all the conditions and terms of the admission requirements, conditions, terms and school rules. NOW THEREFORE I/We undertake to forfeit our child's admission to Laerskool Bergland if this application contains any false information such as fraudulent Proof of Residence.***

X PARENT / GUARDIAN SIGNATURE

*Bou op Rots*

# ENROLMENT FORM - 2027

PLEASE COMPLETE WITH A BLACK PEN

**DO YOU HAVE ANY LEARNERS CURRENTLY/PREVIOUSLY IN THIS SCHOOL?** Yes ☐ No ☐

Name of other learner(s) : _____

DATE: 5 MAY 2026

## LEARNER INFORMATION

### LEARNER

Full names: _____

Surname: _____

Preferred name: _____

Date of birth: _____

ID number: _____

Nationality: _____

Religious denomination: _____

Gender: ☐ Male ☐ Female

Ethnic group: _____

Home language: _____

Preferred tuition language: _____

Dexterity: ☐ Left ☐ Right ☐ Both

Learner mobile number: _____

Learner e-mail address: _____

Admission date: _____

Grade in 2027 : _____

Years in grade for 2027 : _____

Years in phase for 2027 : _____

Pre-primary education attended: ☐ Formal ☐ Informal

☐ Other: _____

Registered for social grant: ☐ Yes ☐ No

Receives social grant: ☐ Yes ☐ No

Media consent: ☐ Yes ☐ No

Method of transport: _____

Taxi/Bus registration number: _____

Name of driver: _____

Contact number: _____

### NEXT OF KIN INFORMATION

Name: _____

Contact number: _____

Alternative contact number: _____

Relation: _____

## OFFICE USE ONLY

Family code: _____

Register class: _____

Admission number: _____

Waiting list: A ☐ B ☐

Number on waiting list: _____

ID copy: ☐

Transfer card: ☐

Proof of residence: ☐

Report card: ☐

Birth certificate: ☐

Clinic card ☐

### FAMILY INFORMATION

Family status: ☐ Both parents ☐ Single parent - Unmarried

☐ Foster care ☐ Childrens home ☐ Single parent - Divorced

☐ Other ☐ Re-composed ☐ Widow/Widower

Parents deceased: ☐ Mother ☐ Father ☐ None

### LEARNER HEALTH INFORMATION

Chronic diseases: _____

Allergies: _____

Medication: _____

### MEDICAL AID INFORMATION

Name: _____

Telephone number: _____

Member number: _____

Primary member: _____

### FAMILY DOCTOR INFORMATION

Name: _____

Telephone number: _____

Business address: _____

_____

### INFORMATION OF PREVIOUS SCHOOL/PLAY GROUP/NURSERY

First registration of learner in Mpumalanga: ☐ Yes ☐ No

Learner attended school last year ☐ Yes ☐ No

If yes, in which Province/Country: _____

Previous school _____

Telephone Number _____

Address _____

Province _____

Highest grade in previous school _____

Reason for leaving the school _____



*Continue to page 2...*

## BIOLOGICAL PARENT / LEGAL GUARDIAN 1 INFORMATION

Title: _____

Full names: _____

Surname: _____

Initials: _____

Preferred name: _____

ID number: _____

Nationality: _____

Home language: _____

Marital status: ☐ Common law marriage ☐ Divorced ☐ Engaged ☐ Married ☐ Separated ☐ Single ☐ Traditional marriage ☐ Widowed

Communication: ☐ SMS ☐ E-mail ☐ Mail ☐ By hand

Comm language: _____

Mobile number: _____

Home tel: _____

E-mail: _____

Is the learner living with this parent? ☐ Yes ☐ No

Residential address: _____

Postal address: _____

Occupation status: ☐ Own Employer Professional ☐ Own Employer Non-Professional ☐ House wife ☐ Part time ☐ Contract worker ☐ Pensioner ☐ Student ☐ Temporary ☐ Full time ☐ Unemployed

Occupation: _____

Employer: _____

Work telephone number: _____

Employer physical address: _____

## BIOLOGICAL PARENT / LEGAL GUARDIAN 2 INFORMATION

Title: _____

Full names: _____

Surname: _____

Initials: _____

Preferred name: _____

ID number: _____

Nationality: _____

Home language: _____

Marital status: ☐ Common law marriage ☐ Divorced ☐ Engaged ☐ Married ☐ Separated ☐ Single ☐ Traditional marriage ☐ Widowed

Communication: ☐ SMS ☐ E-mail ☐ Mail ☐ By hand

Comm language: _____

Mobile number: _____

Home tel: _____

E-mail: _____

Is the learner living with this parent? ☐ Yes ☐ No

Residential address: _____

Postal address: _____

Occupation status: ☐ Own Employer Professional ☐ Own Employer Non-Professional ☐ House wife ☐ Part time ☐ Contract worker ☐ Pensioner ☐ Student ☐ Temporary ☐ Full time ☐ Unemployed

Occupation: _____

Employer: _____

Work telephone number: _____

Employer physical address: _____



*Continue to page 3...*

## ACCOUNTABLE PERSON'S INFORMATION

☐ Biological Parent 1 ☐ Biological Parent 2 ☐ Other

**Only if 'Other', please complete section A or B below:**

### A) INDIVIDUAL

Title: _____
Full names: _____
Surname: _____
Initials: _____
Preferred name: _____
ID number: _____
Home language: _____
Communication: ☐ SMS ☐ E-mail ☐ Mail ☐ By hand
Comm language: _____
Mobile number: _____
Telephone number: _____
Fax number: _____
E-mail: _____
Residential address: _____
_____
_____
Postal address: _____
_____
_____

### B) COMPANY / CLOSED CORPORATION / TRUST

Title: _____
Name: _____
Registration number: _____
Comm language: _____
Contact number: _____
Fax number: _____
Business address: _____
_____
_____
Postal address: _____
_____
_____

### BANKING DETAILS

Bank: _____
Branch: _____
Branch code: _____
Account type: ☐ Cheque ☐ Transmission ☐ Savings
Bank account number: _____
Account holder: _____

## CONTRACT WITH SCHOOL WITH REGARDS TO PAYMENT

Agreement between Laerskool Bergland and _____ (Name of parent / guardian) with regards to the payment of school fees.

1. Laerskool Bergland is a Section 21 Public School and may raise school fees in terms of the South African School Act (Act No. 84 of 1996) and the National Educating Policy Act (Act No. 27 of 1996) - National norms and standards of School Funding.
2. As a parent/guardian you are liable to pay school fees determined in terms of Section 39 of the South African Schools Act, unless or to the extent that you have been exempted from payment in terms of the said Act.
3. Even though a court has determined that another person is liable to pay the prescribed school fees, as may be included in divorce settlements orders, and / or any other appropriate court order, it remains the responsibility of all persons who meet the definition of "parent" in the South African Schools Act, to pay school fees and all "parents" are jointly and severally liable for the payment of all school fees that are charged or will be charged by the school in respect of a particular learner.
4. Payment of school fees to Laerskool Bergland will be made as follows:)
   (Please tick the applicable block with a cross)
   - ☐ A Full payment (Once-off) on or before the last date as determined during the annual parent meeting.
   - ☐ B Payment over 10 months.
   - ☐ C Alternative arrangements will be made with the School in writing at my own responsibility and initiative.
5. I / We are aware of the application process for exemption of school fees for 2027 and if exemption is required, we will complete the relevant application form.
6. Should you wish to appeal against a decision of the Governing body regarding the exemption from payment of school fees, you can do so at the Head of Department from the Department of Education who will at all times ensure compliance to the mentioned Acts and are obliged to follow proper legal procedures to protect the rights of both you as a parent and that of the School Governing Body.
7. Should payments of school fees be in arrears, I shall be accountable for the payment of fees that may arise in the effort to collect the fees on an attorney and client scale.
8. I choose the following address as my domicilium citandi et executandi for delivery or serving of any notices or pleadings.
   Residential address (Not a postal address):
   _____
   _____
9. I / We the parents / guardian of _____ undertake to honour the agreement as set out above.

Signature of Parent / Guardian: _____ Date: _____

## PROTECTION OF PERSONAL INFORMATION (POPIA)

The personal information provided in this form is required for processing of application for admissions. In case of failure to provide the required information the application cannot be processed.

I / We _____ Parent/Guardian of _____ hereby voluntarily provide the personal information as required and consent to the information being processed for the purpose for which it is required.

Signature of Parent / Guardian: _____ Date: _____

## PERMISSION / CONSENT TO TAKE PART IN ALL ORGANISED ACADEMIC, SPORT AND CULTURE ACTIVITIES

1. I, parent / guardian of _____ hereby give permission that he/she may participate in all academic, sport and culture activities presented by the school in an organised manner. To participate in tests conducted by the school support team with the object of improvement in school work and to identify other problems.
2. I grant permission that my child may be transported by a public bus company approved by the school management. If there is only a small group of learners that needs to be transported, parents / teachers with valid drivers licences may be asked to transport them.
3. I accept that all reasonable precautions will be taken for the safety and wellbeing of my child and that I will be held responsible for the payment of the medical and / or hospital fees if enforced upon, in case of an injury which cannot be ascribed to the responsible personnel's coarse negligence.
4. I hereby delegate my powers as parent / guardian to the Principal of the school or representative if medical or surgical treatment may be needed for my child. As far as I know, he/she is physically able to participate in any organised activities and resides in good health.
5. I confirm that all medical information supplied in the Learner Information section of this form is accurate and complete. This information may be used in case of an emergency.
6. I undertake to inform the school if any of the above information may change.
7. I undertake to support my child to obey the Code of Conduct and the disciplinary system of Laerskool Bergland as included in the Policy of the school.
8. I hereby confirm that the school is allowed to use imagery of my child in any publication, in any format.

Signature of Parent / Guardian: _____ Date: _____

## INDEMNITY

I/We the parents of/I the guardian of _____ (name of learner) indemnify unconditionally and without restriction Laerskool Bergland and/or the shareholders of Laerskool Bergland or any person employed by Laerskool Bergland or any person acting on behalf of Laerskool Bergland against any losses, claims, injury or death that may be caused to the above learner by virtue of his or her use of any of the facilities provided by Laerskool Bergland.

Signed at _____ on _____ day of _____ 20 _____.

Signature of Parent / Guardian : _____