



GR RR - 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!**

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.

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

DOCUMENTATION CHECKLIST (PLEASE TICK) >

☐

ID of BOTH parents

☐

Clinic card / Immunisation card
(of the Child)

☐

RSA Birth certificate
(of the Child)

☐

Study Permit for Non-RSA citizens
(Only for NON-RSA learners)

☐

Proof of residence
(Must be an utility bill or lease agreement in
parent/s own name - not older than 3 months.)

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

Child (learner) name & surname:

Date of Birth (DD/MM/ YYYY):

D	D	M	M	Y	Y	Y	Y
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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: _____	Waiting list: ☐ A ☐ B
Register class: _____	Number on waiting list: _____
Admission number: _____	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	_____

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: _____

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.

- 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.
- 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.
- 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.
- 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.
- 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.
- 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.
- 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.
- 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 : _____