

Toelatingsnommer Admission Number					
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HOËRSKOOL PUNT POINT HIGH SCHOOL

PO Box 266, Mossel Bay, 6500 • (044)691 2247/74 • toelatings@pointhighschool.co.za • www.pointhighschool.co.za

AANSOEK OM TOELATING APPLICATION FOR ADMISSION

Let wel/ Note:

Voltooi ALLE afdelings van hierdie vorm in drukskrif asseblief
Please complete ALL sections of this form in block letters.
Die voltooide vorm moet saam met die volgende ingehandig word:
The completed form must be submitted together with the following:

Gesertifiseerde afskrif van ID dokument of geboortesertifikaat (Leerder en ouer(s))	Certified copies of ID Document or Birth Certificate (Learners and parent(s))	
Gesertifiseerde afskrif van laaste rapport	Certified copy of latest report	
Bewys van residensiële adres	Proof of residential address	
Oorplasingvorm (na toelating)	Transfer form (after admission)	
Bewys van aanlyn aansoek	Proof of online application	

Taal van onderrig Educational medium		Afrikaans	English	
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GRAAD WAARVOOR AANSOEK GEDOEN WORD GRADE APPLYING FOR	VAN SURNAME	VOLLE NAME FULL NAMES	GEBORTE DATUM DATE OF BIRTH								
			D	D	M	M	J	J	J	J	

VAKKE OP DATUM VAN TOELATING SUBJECTS ON DATE OF ADMISSION		
	GRAAD/ GRADE 10, 11 & 12	GRAAD/ GRADE 8 & 9
1		(Kies EEN) (Choose ONE):
2		
3		DRAMA <input type="checkbox"/>
4		
5		
6		MUSIEK MUSIC <input type="checkbox"/>
7		

Slegs vir kantoorgebruik/ For office use only

DATUM ONTVANG DATE RECEIVED			-			-	2	0			AANVAAR ACCEPTED		WAGLYS WAITING LIST	
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DATUM TOEGELAAT ADMISSION DATE	GESINSKODE FAMILY CODE	TOELATINGSNOMMER ADMISSION NUMBER

**AFDELING A:
SECTION A:**

**INLIGTING RAKENDE LEERDER
INFORMATION REGARDING LEARNER**

VAN SURNAME																				
VOORNAME FULL NAMES																				
GEBOORTEDATUM DATE OF BIRTH		-			-	2	0					IDENTITEITSNOMMER IDENTITY NUMBER								

GESLAG GENDER	M		V	F	SELNOMMER VAN LEERDER LEARNER CELL NUMBER										
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Getal kinders in die gesin. Number of children in the family.		Hierdie kind is die This child is the		in die gesin. child in the family.
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VORIGE SKOOL / PREVIOUS SCHOOL

HUIDIGE SKOOL CURRENT SCHOOL																				
HOOGSTE GRAAD GESLAAG HIGHEST GRADE PASSED			JAAR YEAR				DATUM VAN VERTREK DATE OF DEPARTURE													

SPORT, KULTUUR & LEIERSKAP/ SPORT, CULTURE & LEADERSHIP

(Merk toepaslike vlak met 'n kruis/ Mark relevant level with a cross)

SPORT 1		SKOOL JNR SCHOOL JNR	SKOOL 1STE SPAN SCHOOL 1ST TEAM	STREEK REGIONAL	PROVINSIAAL PROVINCIAL	NASIONAAL NATIONAL
SPORT 2		SKOOL JNR SCHOOL JNR	SKOOL 1STE SPAN SCHOOL 1ST TEAM	STREEK REGIONAL	PROVINSIAAL PROVINCIAL	NASIONAAL NATIONAL
SPORT 3		SKOOL JNR SCHOOL JNR	SKOOL 1STE SPAN SCHOOL 1ST TEAM	STREEK REGIONAL	PROVINSIAAL PROVINCIAL	NASIONAAL NATIONAL
KULTUUR/ CULTURE		SKOOL SCHOOL	STREEK REGIONAL	PROVINSIAAL PROVINCIAL	NASIONAAL NATIONAL	
KULTUUR/ CULTURE		SKOOL SCHOOL	STREEK REGIONAL	PROVINSIAAL PROVINCIAL	NASIONAAL NATIONAL	
KULTUUR/ CULTURE		SKOOL SCHOOL	STREEK REGIONAL	PROVINSIAAL PROVINCIAL	NASIONAAL NATIONAL	
LEIERSKAP/ LEADERSHIP		PREFEK PREFECT	SPANKAPTEIN TEAM CAPTIAN	ANDER ANDER		
FAMILIE BETROKKENHEID FAMILY INVOLVEMENT		BROERS OF SUSTERS IN PUNT BROTHERS OR SISTERS IN POINT			JA YES	NEE NO
		OUERS OUD SKOLIERE VAN PUNT PARENTS OLD SCHOLARS OF POINT			JA YES	NEE NO

**CHRONIESE SIEKTES, ALLERGIEË EN OPERASIES
CHRONIC ILLNESSES, ALLERGIES AND OPERATIONS**

*Is die leerder al ooit gediagnoseer met enige van die volgende? Indien wel, voorsien asb verslag.
Has the learner ever been diagnosed with any of the following? If so, please provide a report.*

ADHD		SWAKSIENDE PARTIALLY SIGHTED	
OUTISTIESE SPEKTRUM VERSTEURING AUTISTIC SPECTRUM DISORDER		FISIES GESTREMD PHYSICALLY DISABLED	
DOOF / HARDHOREND DEAF / HARD OF HEARING		ERNSTIGE ANGSVERSTEURING SEVERE ANXIETY DISORDER	
EPILEPSIE EPILEPSY		SPEFIEKE LEERGESTREMDHEID (bv. disleksie, diskalkulie)	
LIGMATIG VERSTANDELIK GESTREMD MILD / MODERATE INTELLECTUALLY DISABLED		SPECIFIC LEARNING DISABLED (e.g. Dyslexia, dyscalculia)	

**SIEKTE(S) WAARTEEN LEERDER GEÏMMUNISEER IS/
ILLNESS(ES) THAT HAS BEEN IMMUNISED AGAINST**

Tuberkulose (BCG) <input type="checkbox"/>	Poliomiëlitis Poliomyelitis <input type="checkbox"/>	Witseerkeel Diphtheria <input type="checkbox"/>	Tetanus (DT) <input type="checkbox"/>	Kinkhoes (DPT) Whooping Cough (DPT) <input type="checkbox"/>	Haemophilus Influenzae Tipe B(HIB) <input type="checkbox"/>
Tuberculosis (BCG)					Haemophilus Influenzae Type B(HIB)

**VERANTWOORDELIK VIR DIREKTE TOESIG OOR LEERDER
RESPONSIBLE FOR DIRECT SUPERVISION OF LEARNER**

VOLLE NAME
FULL NAMES

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TELEFOONNUMMER WAT GESKAKEL MOET WORD IN 'N NOODGEVAL
TELEPHONE NUMBER TO BE CALLED IN CASE OF AN EMERGENCY

KODE
CODE

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NO.

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SEL
CELL

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**AFDELING C: BETALING VAN VERPLIGTE ONDERRIGGELD
SECTION C: PAYMENT OF COMPULSORY TUITION FEES**

**Vul 1 en 2 hieronder in deur 'n kruisie (x) in die toepaslike ruimte te maak
Complete 1 and 2 below by making a cross (x) in the appropriate spaces**

Betaling sal geskied: / Payment will be made:

1	Eenmalig voor einde Februarie In full before end of February	
	Maandeliks (10 betalings: Januarie tot Oktober) Monthly (10 payments: January to October)	
2	Per debietorder In kontant Per debit order In cash	EFT

Ingevolge artikel 40 van die SA skolewet 84 van 1996, is u verplig om skoolgeld te betaal. Indien u nie binne drie (3) maande vanaf die datum van hierdie kennisgewing die jaarlikse skoolgeld vereffen nie, alternatiewelik ingevolge Artikel 41 van die SA skolewet 84 van 1996 aansoek doen vir kwyt-skelding nie, of 'n aanvaarbare skriftelike afbetalingsreëling met die skool tref nie, sal u rekening aan die skool se invorderaars/ regsverteenvoerwoordiger oorhandig word vir invordering.

In terms of Section 40 of the SA School Act 84 of 1996, you are compelled to pay school fees. Should you fail to pay the yearly school fees within three (3) months from date of this notice, alternatively apply for exemption in terms of Section 41 of the SA Schools Act 84 of 1996 or make an acceptable payment arrangement with the school, your account will be handed over to the legal representative of the school for collection.

**BESONDERHEDE VAN ANDER LEERDERS HUIDIGILIK/NUUT IN HOËRSKOOLO PUNT WAT VAN DIESELFDE PERSOON AFHANKLIK IS
AS DIE LEERDER ONDER AFDELING A HIERBO GENOEM
PARTICULARS OF OTHER LEARNERS CURRENTLY/NEW IN POINT HIGH SCHOOL WHO ARE DEPENDENT ON THE SAME PERSON AS
THE LEARNER MENTIONED UNDER SECTION A ABOVE**

VAN EN VOORNAME SURNAME AND FIRST NAMES	GRAAD GRADE

**AFDELING D: VOORWAARDES
SECTION D: CONDITIONS**

1. *Leerders wat die skool bywoon, is onderhewig aan die skool se gedragkode vir leerders.
Learners who attend the school must abide by the school's code of conduct for learners.*
2. *Toelating is onderhewig aan die finale goedkeuring van die Beheerliggaam volgens die skool se toelatings beleid.
Admission is subject to the final approval of the Governing Body according to the school's admission policy.*
3. *Inskrywing sal eers gefinaliseer word na die ontvangs van 'n oorplassingsvorm.
Admission will only be finalized after school received a transfer form.*

**AFDELING E: VERKLARING DEUR OUER/VOOG
SECTION E: DECLARATION OF PARENT/GUARDIAN**

I,

Ek,

die ondergetekende ouer/voog van

 (naam van leerder),
the undersigned parent/guardian of (name of learner),

verklaar hiermee dat die inligting hierbo verskaf na die beste van my wete korrek is. Verder verbind ek my tot alle ondernemings gegee in Afdeling C hierbo en aanvaar ek aanspreeklikheid vir geld wat te eniger tyd verskuldig is ingevolge die ooreenkoms soos hierbo uiteengesit. hereby declare that the information furnished above is correct to the best of my knowledge. Further, I commit myself to all undertakings mentioned in Section C above and I accept responsibility for monies that are due at any time in accordance with the agreement as set out above.

Geteken te

Signed at

op hierdie

 dag van

 (maand)

 (jaar)
on this day of (month) (year)

.....
HANDTEKENING VAN OUER/VOOG / SIGNATURE OF PARENT/GUARDIAN

.....
NAAM IN DRUKSKRIF/ NAME IN PRINT

