

LEARNER INFORMATION

Full names: _____

Surname: _____

Preferred name: _____

Date of Birth:

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ID number:

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Nationality: _____

Religious denomination: _____

Gender: _____

Ethnic group: _____

Home language: _____

Mobile number: _____

E-mail address: _____

INFORMATION OF PREVIOUS SCHOOL

Fist registration of learner in Western Cape:

Yes	No
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Did learner attend school last year?

Yes	No
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If yes, in which Province/Country: _____

Previous school: _____

Current grade: _____

Years in current grade: _____

Years in current phase: _____

Highest grade passed in previous school: _____

In what year (highest grade): _____

Reason for leaving the school: _____

DETAILS REGARDING OTHER LEARNERS (CURRENT/NEW) IN POINT HIGH WHO ARE DEPENDENT ON THE SAME PARENT/GUARDIAN

Name and Surname: _____

Grade: _____

1. _____

2. _____

3. _____

FAMILY INFORMATION

Family status: *(tick appropriate box)*

Both parents	Single parent - unmarried
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Children's home	Single parent - divorced
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Foster care	Re-composed	Widow/Widower
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Other

Parents deceased: *(tick appropriate box)*

Mother	Father	None
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LEARNER HEALTH INFORMATION

Chronic diseases: _____

Allergies: _____

Medication: _____

MEDICAL AID INFORMATION

Name: _____

Member number: _____

Primary member: _____

FAMILY DOCTOR INFORMATION

Name: _____

Telephone number: _____

Number of children in the family:		This child is the (number)		child in the family.
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INVOLVEMENT IN SPORT (current school)*(Indicate relevant level by means of a cross)*

ACTIVITY	YES / NO	LEVEL 1	LEVEL 2	LEVEL 3	LEVEL 4	LEVEL 5
RUGBY		SCHOOL JNR / B TEAM	SCHOOL 1 ST TEAM	REGIONAL	PROVINCIAL	NATIONAL
NETBALL		SCHOOL JNR / B TEAM	SCHOOL 1 ST TEAM	REGIONAL	PROVINCIAL	NATIONAL
HOCKEY		SCHOOL JNR / B TEAM	SCHOOL 1 ST TEAM	REGIONAL	PROVINCIAL	NATIONAL
CRICKET		SCHOOL JNR / B TEAM	SCHOOL 1 ST TEAM	REGIONAL	PROVINCIAL	NATIONAL
TENNIS		SCHOOL JNR / B TEAM	SCHOOL 1 ST TEAM	REGIONAL	PROVINCIAL	NATIONAL
BIATHLON		SCHOOL JNR / B TEAM	SCHOOL 1 ST TEAM	REGIONAL	PROVINCIAL	NATIONAL
ATHLETICS		SCHOOL JNR / B TEAM	SCHOOL 1 ST TEAM	REGIONAL	PROVINCIAL	NATIONAL
CHESS		SCHOOL JNR / B TEAM	SCHOOL 1 ST TEAM	REGIONAL	PROVINCIAL	NATIONAL
GOLF		SCHOOL JNR / B TEAM	SCHOOL 1 ST TEAM	REGIONAL	PROVINCIAL	NATIONAL
E-SPORT		SCHOOL JNR / B TEAM	SCHOOL 1 ST TEAM	REGIONAL	PROVINCIAL	NATIONAL

INVOLVEMENT IN CULTURE (current school)*(Name activity and indicate appropriate level by means of a cross)*

ACTIVITY	LEVEL 1	LEVEL 2	LEVEL 3	LEVEL 4	LEVEL 5
	SCHOOL	ARTS FESTIVAL (participation)	REGIONAL	PROVINCIAL	NATIONAL
	SCHOOL	ARTS FESTIVAL (participation)	REGIONAL	PROVINCIAL	NATIONAL
	SCHOOL	ARTS FESTIVAL (participation)	REGIONAL	PROVINCIAL	NATIONAL
	SCHOOL	ARTS FESTIVAL (participation)	REGIONAL	PROVINCIAL	NATIONAL
	SCHOOL	ARTS FESTIVAL (participation)	REGIONAL	PROVINCIAL	NATIONAL

LEADERSHIP*(Tick appropriate box by means of a cross)*

CLASS CAPTAIN	PREFECT	HEAD LEADER	TEAM CAPTAIN	OTHER:	
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FAMILY INVOLVEMENT*(Indicated by means of a cross)*

BROTHERS OR SISTERS IN POINT HS	YES	NO
PARENT(S) OLD SCHOLARS OF POINT HS	YES	NO

BIOLOGICAL PARENT / LEGAL GUARDIAN 1 INFORMATION

Relationship: Biological Adopted Legal Step Other: _____

Title: _____ Postal address: _____

Full names: _____ Initials: _____

Surname: _____ Occupation status: *(tick appropriate boxes)*

Preferred name: _____ Own Employer Professional

ID number: _____ Own Employer Non-Professional

Home language: _____ Housewife Part time

Communication preference: SMS E-MAIL Contract worker Pensioner

Language preference: _____ Student Temporary

Mobile number: _____ Full time Unemployed

Work Tel: _____ Occupation: _____

E-mail: _____ Employer: _____

Residential address: _____ Tel no (work): _____

_____ ***If selfemployed:***

_____ Nature of Business: _____

_____ Name of Business: _____

Is the learner living with this parent? Yes No

BIOLOGICAL PARENT / LEGAL GUARDIAN 2 INFORMATION

Relationship: Biological Adopted Legal Step Other: _____

Title: _____ Postal address: _____

Full names: _____ Initials: _____

Surname: _____ Occupation status: *(tick appropriate boxes)*

Preferred name: _____ Own Employer Professional

ID number: _____ Own Employer Non-Professional

Home language: _____ Housewife Part time

Communication preference: SMS E-MAIL Contract worker Pensioner

Language preference: _____ Student Temporary

Mobile number: _____ Full time Unemployed

Work Tel: _____ Occupation: _____

E-mail: _____ Employer: _____

Residential address: _____ If own employer:

_____ Nature of Business: _____

_____ Name of Business: _____

Is the learner living with this parent? Yes No

BIOLOGICAL PARENT / LEGAL GUARDIAN 3 INFORMATION

Relationship: Biological Adopted Legal Step Other: _____

Title: _____ Postal address: _____

Full names: _____ Initials: _____

Surname: _____ Occupation status: *(tick appropriate boxes)*

Preferred name: _____ Own Employer Professional

ID number: _____ Own Employer Non-Professional

Home language: _____ Housewife Part time

Communication preference: SMS E-MAIL Contract worker Pensioner

Language preference: _____ Student Temporary

Mobile number: _____ Full time Unemployed

Work Tel: _____ Occupation: _____

E-mail: _____ Employer: _____

Residential address: _____ If own employer: _____

_____ Nature of Business: _____

_____ Name of Business: _____

Is the learner living with this parent? Yes No

ACCOUNTABLE PERSON'S INFORMATION

Biological Parent 1 Biological Parent 2 Biological Parent 3

A INDIVIDUAL

Title: _____

Full names: _____

Surname: _____

Initials: _____

Preferred name: _____

ID number: _____

Home language: _____

Communication preference: SMS E-MAIL

Language preference: _____

Mobile number: _____

Telephone number: _____

E-mail: _____

Residential address: _____

Postal address: _____

B COMPANY / CLOSED CORPORATION / TRUST

Title: _____

Name: _____

Registration number: _____

Language preference: _____

Contact number: _____

E-mail: _____

Business address: _____

Postal address: _____

BANKING DETAILS:

Bank: _____

Branch: _____

Branch code: _____

Account type: Cheque Transmission Savings

Account number: _____

Account holder: _____

CONTRACT WITH SCHOOL REGARDING PAYMENT

Agreement between Hoërskool Punt - Point High School and _____ (Name of parent / guardian) re. the payment of school fees.

1. Point High School is a Section 21 Public School and may charge school fees in accordance with the South African Schools 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. You are liable for the payment of the school fees as determined in terms of Section 39 of the South African Schools Act, unless and to the extent that you are exempt from payment in terms of this Act.
3. Despite the fact that a court has ruled that another person must pay the prescribed school fees, as may be contained in divorce settlement orders, and / or any other appropriate court order, it still remains the responsibility of all persons who comply to the definition of "parent" in the SA Schools Act, to pay school fees and all "parents" are jointly and individually liable to the school for the payment of all school fees charged by the school and or charged in respect of a specific student.
4. Payment of school fees to Hoërskool Punt - Point High School will take place as follows: (Please tick the appropriate box by means of a cross)
 Once-off payment before or on the deadline as determined during the annual parents meeting.
 Instalment over 10 months.
 Other arrangements will be made in writing with the School on my responsibility and initiative.
5. I/We are aware that we may apply for exemption from school fees for 2022 and if we intend to apply for exemption, the relevant application form will be completed in full.
6. If you wish to appeal against a decision of the Governing Body regarding the exemption from your obligation to pay school fees, you can do so to the Head of Department of the Department of Education, who will at all times apply and be obliged to comply with the provisions of the above Legislation to follow a proper legal process in order to protect the interests of you as a parent and that of the Governing Body.
7. In terms of Section 40 of the South African Schools Act 84 of 1996, you are obliged to pay school fees. In terms of Section 41 of the South African Schools Act 84 of 1996, you can apply for the total or partial exemption of school fees for the current school year. If you do not, within three months from the date on which schools open for the new school year, settle the annual school fees, alternatively make an acceptable repayment arrangement with the school. The whole year's school fee is immediately due and payable and your account will be handed over for collection by the school's collectors/legal representative.
8. I choose this address below as my *domicilium citandi et executandi* for delivery or service of notices or pleadings. Residential address (Not a mailbox address):

9. I/We the parents/guardian of _____ undertake to adhere to my/our agreement as set out above.

Signature(s) of Parent(s) / Guardian(s): _____

Date: _____

DISCLAIMER / PERMISSION TO PARTICIPATE IN ALL ORGANIZED ACADEMIC, SPORTS AND CULTURAL ACTIVITIES.

1. I, parent / guardian of _____ hereby give permission that he / she may participate in all academic, sports and cultural activities presented by the school in an organized manner.
2. I give permission for my child to be transported by a public bus company approved by the school management. If only a small group of learners has to be transported, parents / teachers with legal driving licenses can be asked to transport learners.
3. I accept that all reasonable precautions will be taken for the safety and well-being of my child and that I will be held responsible for the payment of the medical and / or hospital bills if applicable, in case of injury not due to the gross negligence of the responsible staff.
4. I transfer my powers as parent / guardian to the Principal of the school or his representative if medical or surgical treatment may be necessary for my child. As far as I know, he / she is physically able to participate in any organized activities and is in good health.
5. I confirm that all medical information provided in the Section: Learner Information of this form is accurate and complete. This information may be used in any emergency.
6. I undertake to notify the school if any of the above information changes. I undertake to support my child in complying with the Code of Conduct and Disciplinary System of Point High School as contained in the School Policy.
7. I hereby confirm that any footage of my child may be used for any publications of the school, in whatever format.

Signature(s) of Parent(s) / Guardian(s): _____

Date: _____