



HOËRSKOOI BEKKER

Privaatsak X5002, Magaliesburg, 1791
Hoërskool Bekker, Plaas Zeekoehoek, JQ908 on the R98,
Magaliesburg, 1791

www.bekkerhs.co.za
(014) 577 5936/7
info@bekkerhs.co.za

2024 Application Form

Thank you for your interest in our unique, spectacular Bekker High School. Our agricultural boarding school equips your child with everything he/she needs to enter the world as an innovative young person and to make a success of his/her career.

Bekker is a double medium, parallel medium (Afrikaans and English) high school so it is important that our learners are proficient in both English and Afrikaans and have them as subjects on their reports.

Together with the application we require the following attachments: -

- UNABRIDGED birth certificate of learner
- Latest School Report
- Parent ID documents
- Proof of residence (Eskom or Municipal account together with a rental agreement or lease to purchase)

All documents must be certified.

Kindly email the application to Anita Seiderer: info@bekkerhs.co.za

WE TURN GREEN FUTURE DREAMS INTO GOLD!

2024 Aansoekvorm

Dankie vir u belangstelling in ons skouspelagtige skool, Hoërskool Bekker. Ons landbou-koshuisskool rus jou kind toe met alles wat hy/sy nodig het om as 'n innoverende jong mens die wêreld binne te gaan en 'n sukses van sy/haar loopbaan te maak.

Bekker is 'n dubbelmedium, parallelmedium hoërskool (Afrikaans en Engels). Dit is dus belangrik dat leerders Afrikaans én Engels magtig is en dat hulle beide hierdie vakke op hul skoolrapporte het.

Saam met die inskrywing verlang ons die volgende:

- UNABRIDGED geboortesertifikaat van leerder.
- Ouers se ID-dokumente.
- Bewys van verblyf (Eskom of Munisipale rekening saam met huur of koop kontrak).
- Laaste skoolrapport.

Alle dokumentasie moet gesertifiseer wees asseblief.

Stuur die aansoek per e-pos na Anita Seiderer: info@bekkerhs.co.za

ONS MAAK GROEN TOEKOMSDROME GOUD!





APPLICATION FOR ADMISSION - 2024

PLEASE COMPLETE WITH A BLACK PEN

DO YOU HAVE ANY LEARNERS CURRENTLY/PREVIOUSLY IN THIS SCHOOL?

Yes

No

Name of other learner(s) : _____

DATE: 15 MAR 2023

LEARNER INFORMATION

| | |
|--|--|
| LEARNER | |
| Full names: | _____ |
| Surname: | _____ |
| Preferred name: | _____ |
| Date of birth: | _____ |
| ID number: | _____ |
| Nationality: | <input type="checkbox"/> South Africa <input type="checkbox"/> Other |
| Other Nationality: | _____ |
| Religious denomination: | _____ |
| Gender: | <input type="checkbox"/> Male <input type="checkbox"/> Female |
| Ethnic group: | _____ |
| Home language: | _____ |
| Learner's language preference: | _____ |
| Dexterity: | <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Both |
| Learner mobile number: | _____ |
| Learner e-mail address: | _____ |
| Admission date: | _____ |
| Grade in 2024 : | _____ |
| Years in grade for 2024 : | _____ |
| Years in phase for 2024 : | _____ |
| Pre-primary education attended: | <input type="checkbox"/> Formal <input type="checkbox"/> Informal |
| | <input type="checkbox"/> Other: _____ |
| Registered for social grant: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Receives social grant: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Benefit from school nutrition programme: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you want to apply for hostel residence: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Name of hostel: | _____ |

| | |
|-------------------------------|-------|
| 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: <input type="checkbox"/> A <input type="checkbox"/> B |
| Register class: _____ | Number on waiting list: _____ |
| Admission number: _____ | ID copy: <input type="checkbox"/> |
| | Transfer card: <input type="checkbox"/> |
| | Report card: <input type="checkbox"/> |
| | Birth certificate: <input type="checkbox"/> |

FAMILY INFORMATION

| | | | |
|-------------------|---------------------------------------|--|---|
| Family status: | <input type="checkbox"/> Both parents | <input type="checkbox"/> Single parent - Unmarried | |
| | <input type="checkbox"/> Foster care | <input type="checkbox"/> Childrens home | <input type="checkbox"/> Single parent - Divorced |
| | <input type="checkbox"/> Other | <input type="checkbox"/> Re-composed | <input type="checkbox"/> Widow/Widower |
| Parents deceased: | <input type="checkbox"/> Mother | <input type="checkbox"/> Father | <input type="checkbox"/> 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 Gauteng: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Learner attended school last year | <input type="checkbox"/> Yes <input type="checkbox"/> 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: South Africa Other

Other Nationality: _____

Home language: _____

Communication preference: SMS E-mail Mail
 By hand

Language preference: _____

Mobile number: _____

Home tel: _____

Fax: _____

E-mail: _____

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: _____

Is the learner living with this parent? Yes No

BIOLOGICAL PARENT / LEGAL GUARDIAN 2 INFORMATION

Title: _____

Full names: _____

Surname: _____

Initials: _____

Preferred name: _____

ID number: _____

Nationality: South Africa Other

Other Nationality: _____

Home language: _____

Communication preference: SMS E-mail Mail
 By hand

Language preference: _____

Mobile number: _____

Home tel: _____

Fax: _____

E-mail: _____

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: _____

Is the learner living with this parent? Yes No

DECLARATION BY PARENT / GUARDIAN

I _____ (Name of Parent / Guardian) hereby declare that the information supplied in this form is true and just and that I, by way of my signature hereunder, authorise the Chairperson of the School Governing Body or his/her representative to control and confirm any of the details supplied. I am aware that should any information supplied be found not to be true, I may be liable to a criminal offence. I hereby give permission for my credit record to be drawn at any credit bureau.

Signed at _____ on _____ day of _____ 20__.

Signature of Parent / Guardian : _____
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 preference: SMS E-mail Mail
 By hand

Language preference: _____

Mobile number: _____

Telephone number: _____

Fax number: _____

E-mail: _____

Residential address: _____

Postal address: _____

Postal Code: _____

B) COMPANY / CLOSED CORPORATION / TRUST

Title: _____

Name: _____

Registration number: _____

Language preference: _____

Contact number: _____

Fax number: _____

Business address: _____

Postal address: _____

BANKING DETAILS

Bank: _____

Branch: _____

Branch code: _____

Account type: Cheque Transmission Savings

Bank account number: _____

Account holder: _____

DEBIT ORDER AUTHORISATION

I herewith authorize that the bankers of Hoërskool Bekker, ABSA Bank Limited ABSA ELECTRONIC SETTLEMENT CNT, may recover the following payments for _____ per debit order from my bankers (as indicated above under Banking Details) on the ___ day of every month:

 School fees for 2024 payable in/over Outstanding fees - Payment of R_____ for: Extramural Activities (Specify): _____ 1 Month 11 months 1 Month 11 months Hostels**Conditions**

- Should the debit order payment for a month be rejected, a double payment for the next month may be charged as well as banking fees for the rejected payment.
- If a debit order is rejected for the second time, it will not be offered for payment again and I understand that I am liable for the full school fee and the costs thereof.
- This authorisation may be cancelled by giving the School 30 days written notice, and I agree that I am not entitled to any refunds of money withdrawn while this authorisation was effective to the extent that the money was legally owed to the School.
- I hereby agree that the party authorised to make withdrawals against my account, may not transfer or cede any of their rights to a third party without my written consent and I that I may not delegate any of my obligation in terms of this contract to a third party without the written consent of the authorised party.

Signature of Account holder: _____ Signed at: _____ Date: _____

CONTRACT WITH SCHOOL WITH REGARDS TO PAYMENT

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

- Hoërskool Bekker 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 Hoërskool Bekker will be made as follows:
(Please tick the applicable block with a cross)
- | | | |
|--------------------------|---|---|
| <input type="checkbox"/> | A | Full payment (Once-off) on or before the last date as determined during the annual parent meeting. |
| <input type="checkbox"/> | B | Payment over 11 months. |
| <input type="checkbox"/> | 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 2024 and if exemption is required, we will collect & complete the relevant application form during February 2024.
 - 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):

- I / We the parents / guardian of _____ undertake to honour the agreement as set out above.

Signature of Parent / Guardian: _____ Date: _____

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

- 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.
- 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.
- 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.
- 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.
- 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.
- I undertake to inform the school if any of the above information may change.
- I undertake to support my child to obey the Code of Conduct and the disciplinary system of Hoërskool Bekker as included in the Policy of the school.
- 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 Hoërskool Bekker and/or the shareholders of Hoërskool Bekker or any person employed by Hoërskool Bekker or any person acting on behalf of Hoërskool Bekker 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 Hoërskool Bekker.

Signed at _____ on _____ day of _____ 2023.

Signature of Parent / Guardian : _____