



HOËRSKOOI BEKKER

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

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

VRYWARING EN KWYTSKELDING / EXEMPTION AND INDEMNITY

Voltooi asb. hierdie dokument volledig / Please complete this form in full.

PERSOONLIKE INLIGTING / PERSONAL INFORMATION		
1.	Aantal kinders in gesin / Number of children in family	
2.	Aansoeker se posisie in gesin / Applicants position in family	
3.	Ander kinders in Hoërskool Bekker? / Other children in Bekker High School?	JA / YES NEE / NO
4.	Noem kinders / Name children:	
	i. Oudste / Eldest:	
	Naam en Van / Name and Surname	
	Graad / Grade	
	ii. 2de kind / 2nd child:	
	Naam en Van / Name and Surname	
	Graad / Grade	
	iii. Jongste / Youngest:	
	Naam en Van / Name and Surname	
	Graad / Grade	
MEDIËSE INLIGTING / MEDICAL INFORMATION		
5.	Naam van huisdokter / Name of family doctor	
6.	Telefoonnommer van dokter / Telephone number of doctor	
7.	Naam van mediese fonds / Name of medical aid	
8.	Mediese fondsnommer / Medical aid number	
9.	Hooflid (Voorletters en Van) / Main Member (Initials and Surname)	
10.	Leerling se mediese toestand, Allergië / Learner's medical condition, Allergies	GEEN/ NONE JA / YES
11.	Allergië / Allergies:	Lys hier / List here: i. ii. iii.



NAASBESTAANDE SE INLIGTING / NEXT OF KIN INFORMATION

12.	(1) Kontakpersoon buite gesin (Naam en van) / Contact person outside family (Name and surname)	
13.	Telefoon- en selnommers / Telephone and cell numbers	
14.	Verwantskap met aansoeker / Relation to applicant	
15.	(2) Kontakpersoon buite gesin (Naam en van) / Contact person outside family (Name and surname)	
16.	Telefoon- en selnommers / Telephone and cell numbers	
17.	Verwantskap met aansoeker / Relation to applicant	

OUER INLIGTING / PARENT INFORMATION

	OUER 1/PARENT 1	OUER 2/PARENT 2	VOOG / GUARDIAN
Volle Naam en Van / Full Name and Surname			
ID-nommer / ID-number			
Getroud/ Enkel/ Geskei/ Weduwee/ Wewenaar/ Wettige Voog? Married/ Single/ Divorced/ Widow/ Widower/ Legal Guardian?			
Telefoonnommer (H) / Telephone number (H)			
Telefoonnommer (W) / Telephone number (W)			
Selfoonnommer / Cellphone number			
Faksnommer / Fax number			
E-pos adres / Email address			
Beroep / Occupation			
Posadres / PO Box Address			
Woonadres / Physical Address			
ID Nommer / ID Number			
Handtekening / Signature			





VRYWARING EN KWYTSKELDING

**English Follows*

GRAAD: _____ **JAAR:** _____

Ek, _____ (volle naam en van - ouer) gee hiermee my volle toestemming dat my seun/dogter _____ (volle naam en van) _____ (ID nommer) aan enige sport aktiwiteite, departementele besoeke en buitemuurse aktiwiteite van Hoërskool Bekker mag deelneem, asook toere en uitstappies mag meemaak wat vir die beoefening daarvan nodig is, gedurende sy/haar skoolloopbaan.

Ek aanvaar dat alle redelike voorsorg vir die veiligheid en welstand van my kind getref sal word en dat ek, indien van toepassing, verantwoordelik sal wees vir die betaling van mediese- en hospitaalkoste in geval van 'n besering wat nie aan die nalatigheid van die verantwoordelike personeel toegeskryf kan word nie. Ek onderneem om geen aksie te neem teen Hoërskool Bekker en/of sy personeel in geval van 'n besering.

Ek dra my magtiging as ouer/voog oor aan die skoolhoof van die skool (of sy verteenwoordiger), indien mediese behandeling / chirurgiese ingreep vir my kind nodig mag wees. Sover ek weet is hy/sy fisies in staat om aan die genoemde aktiwiteite deel te neem en verkeer hy/sy in goeie gesondheid.

Ek vrywaar hiermee die Gauteng Departement van Onderwys en enige werknemer van die Departement, Beheerliggaam asook Hoërskool Bekker van enige eis wat ten opsigte van my kind kan voortspruit.

Ek versoek egter dat die verantwoordelike persone op die volgende sal let: (Noem asb. hieronder die aspekte waarvan die opvoeders bewus moet wees - bv. allergië, geneigdheid tot abnormale bloeding, epilepsie, ens.)

Handtekening van ouer/voog

ID Nummer

Ouer/Voog Kontaknommer



EXEMPTION AND INDEMNITY

GRADE: _____ YEAR: _____

I, _____ (full names and surname) hereby grant my full consent that my child _____ (full names and surname) _____ (ID number) to participate in any sport activities, educational visits and extramural activities undertaken by Bekker High School and will also allow my child to travel to and from venues and excursions for the period that he/she is a learner at Bekker High School.

I accept that all reasonable precautions will be taken to ensure the safety and well-being of my child and that I, if applicable, will be responsible for the payment of medical and hospital expenses in case of a subsequent injury not caused by the negligence of the responsible teacher/s. I undertake not to take any action against Bekker High School and/or any of its staff in the case of an accident.

I confer my authority as parent/guardian to the principal of the school (or his representative), should my child require medical treatment/surgical intervention. To my knowledge, he/she is physically able to participate in the above mentioned activities and he/she is in good health. I hereby knowingly and irrevocably indemnify Bekker High School from any costs medical or otherwise, that may be incurred in the process.

I hereby indemnify the Gauteng Department of Education and any employee of the Department, Governing Body as well as Bekker High School from any claim which could be made regarding my child.

I request the persons concerned to take note of the following: (Please mention below aspects which the educators should bear in mind - e.g. allergies, tendency to abnormal bleeding, epileptic seizures, etc.)

Signature of parent/guardian

ID Number

Parent/Guardian Contact Number