



**Laerskool Delmas  
Delmas Primary**

**FAMILY INFORMATION**

<u>Class Allocation</u>
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Family Surname:
Home Language:

Marital Status:
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**PARENTS INFORMATION**

Father Information
Surname:
Full name:
Title:
Initials:
ID Number:

Mother Information
Surname:
Full name:
Title:
Initials:
ID Number:

**OCCUPATIONAL INFORMATION**

Company:
Occupation:
Telephone (W):

Company:
Occupation:
Telephone (W):

**CONTACT INFORMATION**

Father Telephone:
Father Cell Phone:
Father E-mail:

Mother Telephone:
Mother Cell Phone:
Mother E-mail:

**RESIDENTIAL INFORMATION**

<u>Father Residential Address:</u>
Street: _____
Town/City: _____ Code _____
<u>Father Postal Address:</u>
_____ Code: _____

<u>Mother Residential Address:</u>
Street: _____
Town/City: _____ Code _____
<u>Father Postal Address:</u>
_____ Code: _____

**ACCOUNT INFORMATION**

<u>ADDRESS FOR ACCOUNT</u>
_____
_____ Code: _____

<u>GUARDIAN:</u>
Full Name: _____
Relation: _____
Telephone: _____

PUPIL INFORMATION

PERSONAL INFORMATION	Learner 1	Learner 2	Learner 3
Surname			
Full Names			
First Name			
Gender			
Date of Birth			
ID Number			
Grade			
Previous School			
Religion			
Hostel			

Date of Admission (Office Use Only)			
Number of Admission (Office Use Only)			

MEDICAL INFORMATION

Medical Fund Name:	
Medical Fund Number:	
Main Member :	
Doctor:	
Telephone Number:	
<u>Any special or abnormal conditions / illnesses / etc.</u>	



**Laerskool Delmas**  
**Delmas Primary**

<u>Klas ingedeel</u>

**FAMILIE-INLIGTING**

Van:
Huistaal:

Huwelikstatus:
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**OUERBESONDERHEDE**

Vader Besonderhede
Van:
Volle naam:
Titel:
Voorletters:
ID Nommer:

Moeder Besonderhede
Van:
Volle naam:
Titel:
Voorletters:
ID Nommer:

**BEROEPBESONDERHEDE**

Maatskappy:
Beroep:
Telefoon (W):

Maatskappy:
Beroep:
Telefoon (W):

**KONTAKBESONDERHEDE**

Vader Telefoon:
Vader Selfoon:
Vader E-pos:

Moeder Telefoon:
Moeder Selfoon:
Moeder E-pos:

**WOONADRES**

<u>Vader Woonadres:</u>
Straat: _____
Dorp/Stad: _____ Kode _____
<u>Vader Posadres:</u>
_____
_____ Kode: _____

<u>Moeder Woonadres:</u>
Straat: _____
Dorp/Stad: _____ Kode _____
<u>Moeder Posadres:</u>
_____
_____ Kode: _____

**REKENINGBESONDERHEDE**

<u>ADRES VIR REKENING:</u>
_____
_____ Kode: _____

<u>VOOG:</u>
Volle Naam: _____
Verwantskap: _____
Telefoon: _____

## LEERLING INLIGTING

<b>PERSOONLIKE BESONDERHEDE</b>	<b>Leerling 1</b>	<b>Leerling 2</b>	<b>Leerling 3</b>
Van			
Volle Name			
Noemnaam			
Geslag			
Geboortedatum			
ID Nommer			
Graad			
Vorige Skool			
Godsdienstverband			
Koshuis			

Toelatingsdatum (Slegs vir Kantoorgebruik)			
Toelatingsnommer (Slegs vir Kantoorgebruik)			

### MEDIESE BESONDERHEDE

Mediese Fonds Naam:	
Mediese Fonds Nommer:	
Hooflid:	
Dokter:	
Telefoonnommer:	
<u>Enige spesiale of abnormale toestande / siektes / ens.</u>	

MPUMALANGA ONDERWYSDEPARTEMENT  
LAERSKOOI DELMAS

TOESTEMMINGSBRIEF VIR 'n LEERLING WAT AAN DIE VOLGENDE DEELNEEM:

1. SPORT EN/OF ANDER BUITEMUURSE BEDRYWIGHUDE
2. OPVOEDKUNDIGE TOER EN/OF UITSTAPPIE

1. Ek

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(volle naam en van) die ouer/voog van

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(volle naam, van en ID van kind)

gee hiermee toestemming dat hy/sy aan alle of enige van die volgende aktiwiteite mag deelneem:

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2. Ek aanvaar dat alle redelike voorsorg getref sal word vir die veiligheid en welstand van my kind en dat ek verantwoordelik gehou sal word vir die betaling van mediese en/of hospitaalrekeninge, indien van toepassing, in geval van 'n besering wat nie aan die nalatigheid van die verantwoordelike personeel toegeskryf kan word nie.
  3. Ek dra my magte as ouer/voog oor aan die Hoof 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.
  4. Ek versoek egter dat die verantwoordelike persone op die volgende sal let: (Noem asseblief aspekte waarvan die onderwyser bewus moet wees, bv. allergieë, geneigdheid tot abnormale bloeding, epileptiese aanvalle, ens.)

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5. Die volgende inligting is noodsaaklik in geval van mediese behandeling of hospitalisasie:

- a. Naam en adres van werkgever: \_\_\_\_\_
- b. Naam van Mediese Fonds: \_\_\_\_\_
- c. Nommer van Mediese Fonds: \_\_\_\_\_
- d. Magsnommer (Staande Mag, SA Polisie, ens) \_\_\_\_\_
- e. Vul slegs in as u van mening is dat u vir 'n verlaagde tarief kwalifiseer (Hospitaalbehandeling)
  - a. Beroep: \_\_\_\_\_
  - b. Jaarlikse Bruto Inkomste: Man: \_\_\_\_\_ Vrou: \_\_\_\_\_
  - c. Getal afhanklikes (met begrip van eggenote) \_\_\_\_\_
  - d. Ouderdomme van afhanklikes (eggenote uitgesonderd) \_\_\_\_\_
- f. Telefoonnommers: Huis: \_\_\_\_\_ Werk: \_\_\_\_\_  
Sel: \_\_\_\_\_ Sel: \_\_\_\_\_  
Ander: \_\_\_\_\_

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HANDTEKENING VAN OUER/VOOG

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ID-NOMMER

MPUMALANGA EDUCATION DEPARTMENT  
DELMAS PRIMARY

LETTER OF PERMISSION FOR A LEARNER TO PARTICIPATE IN THE FOLLOWING:

<b>RUGBY</b>	<b>NETBALL</b>	<b>ATHLETICS</b>	<b>CRICKET</b>	<b>TENNIS</b>	<b>SOCCER</b>
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1. I...

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(full name and surname) parent/guardian of

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(full name, surname and ID number of child)

give hereby permission that he/she may participate in any or all of the following activities:

<b>RUGBY</b>	<b>NETBALL</b>	<b>ATHLETICS</b>	<b>CRICKET</b>	<b>TENNIS</b>	<b>SOCCER</b>
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I understand that some games or meetings will take place at other schools, venues or tracks in which case my child will have to be transported by the school. I hereby, also grant you permission that my child, if necessary, may be transported to another school, venue or track, by way of a bus, motor car or any other vehicle, to participate in any of the above mentioned activities

2. I accept that all reasonable precautions will be taken to ensure the safety and well being of my child and that I will be held responsible, if necessary, for the payment of all medical and/or hospital accounts if the responsible staff member cannot be held accountable for the injuries or for any negligence.
3. I assign my authority as parent to the principle of the school or his representative – if any medical attention or surgical procedure is required for my child. As far as I know he/she is physically able to participate in said activities and he/she is in good health.
4. I request the responsible person to take note of the following: (Please state all aspects that the teacher should know i.e: allergies, tendency to bleed abnormally, epileptic fits, etc.)

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5. The following information is necessary if medical treatment or hospitalisation is required:

5.1 Name and address of employer: \_\_\_\_\_

5.2 Name of medical aid: \_\_\_\_\_

5.3 Number of medical aid: \_\_\_\_\_

5.4 Forces number (Army, SA Police, etc): \_\_\_\_\_

5.5 Complete only if you are to receive treatment as a Hospital Patient:

a. Occupation: \_\_\_\_\_

b. Annual Income: Husband: \_\_\_\_\_ Wife: \_\_\_\_\_

c. Number of dependents (spouse included) \_\_\_\_\_

d. Age of dependents (spouse excluded) \_\_\_\_\_

e. Telephone Numbers: House: \_\_\_\_\_ Work: \_\_\_\_\_

Cell: \_\_\_\_\_ Cell: \_\_\_\_\_

Other: \_\_\_\_\_

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SIGNATURE OF PARENT/GUARDIAN

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ID-NUMBER

