

# Laerskool Delmas Primary F J Huyser Koshuis/ Hostel

## Koshuis Aansoek/Hostel Admission

Die vorm moet deur die ouer/voog ingevul word.

This form must be completed by the parent/guardian.

### A Besonderhede van Leerlinge / Particulars of Learners:

1.1 Van/Surname: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

1.2 Naam/Name: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

1.3 Geb Datum: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_  
Date of Birth

1.4 Graad/Grade: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

### B Besonderhede van ouer/voog / Particulars of parent / guardian

Van/Surname: \_\_\_\_\_

Vollenaam : \_\_\_\_\_  
Full name

ID NO: \_\_\_\_\_

Huisadres/ Home address: \_\_\_\_\_

\_\_\_\_\_ Kode/Code: \_\_\_\_\_

Posadres/Postal address: \_\_\_\_\_

\_\_\_\_\_ Kode/code: \_\_\_\_\_

Telefoon no/Telephone nr:

Werk/Work: \_\_\_\_\_

Huis/Home: \_\_\_\_\_

Sel Pa/ Cell Father: \_\_\_\_\_

Sel Ma/Cell Mother: \_\_\_\_\_

**Huwelikstaat van aansoeker/ Marital Status:**

<b>Getroud Married</b>	<b>Ongetroud Not Married</b>	<b>Geskei Divorced</b>	<b>Weduwee Widowed</b>
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**Persoon verantwoordelik vir rekening/Person responsible for account:**

**Volle naam/Full name:** \_\_\_\_\_

**Pos adres/ Postal address** \_\_\_\_\_

\_\_\_\_\_ **Kode/Code:** \_\_\_\_\_

**Straat adres/Street Address:** \_\_\_\_\_

\_\_\_\_\_ **Kode/Code:** \_\_\_\_\_

**ID No:** \_\_\_\_\_

**Sel nr/Cell no:** \_\_\_\_\_

**Werk nr/Work no:** \_\_\_\_\_

**C Onderneming deur rekeningpligtige/Person responsible for account**

- 1. Ek is bewus dat my kind se toelating onderworpe is aan die koshuisreëls.**  
I am aware that my child's admission is subjected to the hostel rules.  
**Ek is bereid om aan die onderstaande te voldoen en onderneem om:**  
I am prepared to comply with the below conditions below and undertake to:

  - **Die losiesgelde voor of op die 7de van elke maand Vooruit te betaal.**  
To pay the hostel fees on or before the 7<sup>th</sup> of each month in advance.
  - **Alle skade wat my kind aan koshuiseiendom aanrig, te vergoed.**  
Compensate for any damage to hostel property caused by my child.
- 2. Ek is bewus van die feit dat die koshuis gedurende naweke en vakansies gesluit is en ek verantwoordelik is om my kind op eie koste na en van die koshuis te vervoer.**  
I am aware that the hostel is closed during weekends and holidays and I am responsible to transport my child to and from the hostel.
- 3. Ek onderneem om my aan die reëls, regulasies en voorwaardes te onderwerp. en om geen eis om skadevergoeding teen die koshuis of personeel in te stel indien my kind in sport- of buitemuurse aktiwiteite, beseer word nie.**  
I submit to the rules and regulations, and will not hold the hostel or staff responsible should my child get injured during sports and extra curricular activities.
- 4. Ek verklaar dat die bostaande inligting deur my verskaf, waar en juis is.**  
I hereby declare that all above information given by me is correct and accurate.

\_\_\_\_\_  
**Handteking/ Signature:  
Ouer/ Parent/Voog/Guardian**

\_\_\_\_\_  
**Datum/Date**

**MEDIESE BESONDERHEDE**  
**MEDICAL INFORMATION**

**In die geval van siekte of 'n ongeluk waar dokterbehandeling, volgens oordeel van die verantwoordelike beampte, vir die leerling/e nodig is en waar ek nie betyds verwittig kan word nie, gee ek die volgende besonderhede**

In case of illness or an accident where, in the opinion of the responsible staff member, medical treatment is necessary for my child/ren and where I cannot be notified in time, I give the following information:

**HOOFLID VAN DIE MEDIESE FONDS**  
**MAIN MEMBER OF THE MEDICAL AID**

**Mediese Fonds Naam:** \_\_\_\_\_  
Medical Aid Name:

**Mediese Fonds Nommer:** \_\_\_\_\_ **Plan:** \_\_\_\_\_  
Medical Aid Number:  
**(afskrif van mediese kaart moet aangeheg word)** (copy of your medical card must attached)

**Privaat:** \_\_\_\_\_ **D.G Pasiënt:** \_\_\_\_\_  
Private: \_\_\_\_\_ D.G Patient

**Van:** \_\_\_\_\_ **Titel:** \_\_\_\_\_ **Voorletters:** \_\_\_\_\_  
Surname Title Initials

ID no: \_\_\_\_\_ **(Afskrif van u ID dokument moet aangeheg word)**  
(Copy of your ID document must be attached)

**Posadres/Woonadres:** \_\_\_\_\_  
Postal/Home address

\_\_\_\_\_

**Werkgewer:** \_\_\_\_\_  
Employer

**Taal:** \_\_\_\_\_ **Tel. Werk:** \_\_\_\_\_ **Tel Huis:** \_\_\_\_\_  
Language Tel Work Tel. Home

**Selfoon:** \_\_\_\_\_ **Beroep:** \_\_\_\_\_  
Cell phone Occupation

<b>Pasiënte se doopnaam &amp; van</b> Patients' name & surname	<b>Geboortedatum</b> Date of birth	<b>Allergieë</b> Allergies

**Naam, adres telefoon/selfoon nommer van naasbestaande in geval van nood:**  
Name, adres and telephone/cellphone number of relative in case of emergency

\_\_\_\_\_  
\_\_\_\_\_