

BESONDERHEDE VAN VADER OF VOOG / PARTICULARS OF FATHER OR GUARDIAN

|                                 |                      |                                |  |
|---------------------------------|----------------------|--------------------------------|--|
| Mnr. / Mr                       | Voorl. / Init.       | Huwelikstatus / Marital Status |  |
| Van / Surname                   | ID                   |                                |  |
| Woonadres / Residential Address |                      |                                |  |
| Posadres / Postal Address       |                      |                                |  |
| Beroep / Occupation             | Werkgewer / Employer |                                |  |
| Tel. Werk / Work                | Tel. Huis / Home     | Selfoon / Cell                 |  |
| E-pos / E-mail                  |                      |                                |  |

BESONDERHEDE VAN MOEDER OF VOOG / PARTICULARS OF MOTHER OR GUARDIAN

|                                 |                      |                                |  |
|---------------------------------|----------------------|--------------------------------|--|
| Me. / Ms                        | Voorl. / Init.       | Huwelikstatus / Marital Status |  |
| Van / Surname                   | ID                   |                                |  |
| Woonadres / Residential Address |                      |                                |  |
| Posadres / Postal Address       |                      |                                |  |
| Beroep / Occupation             | Werkgewer / Employer |                                |  |
| Tel. Werk / Work                | Tel. Huis / Home     | Selfoon / Cell                 |  |
| E-pos / E-mail                  |                      |                                |  |

## ANDER PERSONE WAT LEERDER MAG AFHAAL / OTHER PERSONS WHO MAY COLLECT LEARNER

| Naam en Van / Name and Surname | Verwantskap / Relationship | Telefoon Nr. / Telephone Nr. |
|--------------------------------|----------------------------|------------------------------|
| 1)                             |                            |                              |
| 2)                             |                            |                              |
| 3)                             |                            |                              |
| 4)                             |                            |                              |

LEERDER(S) VIR WIE NASORG VERLANG WORD / LEARNER(S) WHO REQUIRE AFTER CARE

| NAME / NAMES | GEBOORTEDATUM / DATE OF BIRTH | GRAAD / GRADE |
|--------------|-------------------------------|---------------|
| 1)           |                               |               |
| 2)           |                               |               |
| 3)           |                               |               |

MEDIËSE BESONDERHEDE VAN LEERDER(S) / MEDICAL PARTICULARS OF LEARNER(S)

|   |                 |          |
|---|-----------------|----------|
| Huisdokter / GP (Van / Surname)   | Tel.            |          |
| Mediese Fonds / Medical Aid   | Nommer / Number |          |
| <b>(1) NAAM VAN LEERDER / NAME OF LEARNER:</b>  |                 |          |
| Allergieë / Allergies (Spesifiseer asseblief kosallergieë/ Please specify food allergies) |                 |          |
| Diabeet / Diabetic  | JA / YES        | NEE / NO |
| Asma / Asthma   | JA / YES        | NEE / NO |
| <b>(2) NAAM VAN LEERDER / NAME OF LEARNER:</b>  |                 |          |
| Allergieë / Allergies (Spesifiseer asseblief kosallergieë/ Please specify food allergies) |                 |          |
| Diabeet / Diabetic  | JA / YES        | NEE / NO |
| Asma / Asthma   | JA / YES        | NEE / NO |

# BEIDE OUERS IS VERANTWOORDELIK VIR NASORGFOOIE / BOTH PARENTS ARE RESPONSIBLE FOR AFTERCARE FEES

## WYSE VAN BETALING / METHOD OF PAYMENT

- Nasorggelde kan maandeliks oor 10 maande vanaf 31 Januarie 2021 tot 31 Oktober 2021 vooruit betaal word.  
*Aftercare fees are payable monthly in advance over 10 months from 31 January 2021 to 31 October 2021.*
- 'n **Boete** sal gehef word op leerders wat na **17:30** afgehaal word.  
*A fine will be charged if learners are fetched after 17:30.*
- Rekeninge wat **30 dae agterstallig** is, sal aan 'n debiteure administrateur oorhandig word. Prokureurs- en invorderingskoste sal gehef word op hierdie rekeninge. Die leerder sal vanaf die oorhandigingsdatum nie meer die nasorg mag bywoon nie.  
*Accounts which are 30 days in arrears will be handed over to a debtors administrator. Lawyer and collection fees will be charged on these accounts. Learners are not allowed to attend the aftercare after accounts has been handed over.*

## KENNISGEWING / NOTICE

- **INDIEN U NIE VERDER VAN DIE NASORGDIE NS GEBRUIK WIL MAAK NIE, MOET U EEN KALENDERMAAND SKRIFTELIK KENNIS GEE ANDERS BLY U TEN VOLLE VERANTWOORDELIK VIR EEN MAAND SE NASORGFOOI.**
- **ONE CALENDAR MONTH'S NOTICE MUST BE GIVEN IN WRITING IF YOU NO LONGER REQUIRE THE SERVICES OF THE AFTER-CARE. FAILING THAT, YOU WILL BE HELD RESPONSIBLE FOR ONE MONTH'S AFTERCARE PAYMENT.**

## VERKLARING DEUR OUER OF VOOG / DECLARATION BY PARENT OR GUARDIAN

Hiermee verklaar ek \_\_\_\_\_ (voorletters en van)  
**ouer / voog** (omkring toepaslike) dat alle inligting wat in hierdie aansoekvorm verstrek waar en juis is. Ek onderneem om die betalingsvoorwaardes stiptelik na te kom.

I \_\_\_\_\_ (initials and surname)  
**parent / guardian** (circle appropriate) hereby declare that all information in this application form is true and correct. I undertake to strictly adhere to the payment conditions.

\_\_\_\_\_  
HANDTEKENING VAN **OUER / VOOG**  
SIGNATURE OF **PARENT / GUARDIAN**

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

## TOESTEMMING & VRYWARING / CONSENT & INDEMNITY

Ek, \_\_\_\_\_ (volle naam & van)  
van die volgende adres \_\_\_\_\_  
die ouer / voog van \_\_\_\_\_ (naam & van)  
versoek hiermee dat genoemde leerder die nasorgklas by Laerskool Durbanville bywoon en stem hiermee toe tot die reëls.

Ek begryp ten volle en aanvaar dat sodanige bywoning op my en my kind/ers se eie risiko onderneem word. Die nasorgbestuurder en personeel word gevrywaar, skadeloos gestel teen en kwytgeskeld van enige of alle eise hoegenaamd wat verband hou of voortspruit uit die beskadiging van my kind/ers se eiendom of enige besering van my kind/ers terwyl hy/sy/hulle die nasorgklas bywoon.

I, \_\_\_\_\_ (full name & surname)  
of the following address \_\_\_\_\_  
parent / guardian of \_\_\_\_\_ (name & surname)  
hereby request that the mentioned child/ren who attend Durbanville Primary School, attend the Aftercare facility and agree to abide by the rules.

I accept and fully understand that such attendance is at my own risk and that of my child(ren). I hereby indemnify, render free from liability and absolve the supervisor and her staff from any claims which may arise from damage to my child/ren's property or any personal injury to my child/ren whilst attending the Aftercare class.

\_\_\_\_\_  
HANDTEKENING VAN **OUER / VOOG**  
SIGNATURE OF **PARENT / GUARDIAN**

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

\_\_\_\_\_  
Plek / Place