**GAUTENG DEPARTEMENT VAN ONDERWYS**

**INLIGTINGSVORM VIR NUWE LEERDERS**

**BY DIE HOËR TEGNOLOGIESE SKOOL**

**John Vorster**

**POSBUS 31714, TOTIUSDAL, 0134 Meyerstraat 1072, Rietfontein**

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| **W220152 /** **08** **/**…………. **/**………....../...... |  |  | **VERPLIGTEND**  **VIR GR 8** | **AANGEHEG** |
| **VIR KANTOORGEBRUIK:** |  | Unabridged Geboorte-sertifikaat | ✓ |  |
| **TOELATINGSNO:** ……………….…. |  | Nuutste rapport | ✓ |  |
| **Gr. en Klas:** ….………… |  | Afskrifte van ID-dokumente van **BEIDE** ouers en/of voogde | ✓ |  |
|  |  | Bewys van woonadres  bv. Water & Ligte - of selfoonrekening | ✓ |  |

**NB: VERSEKER DAT ALLE NODIGE DOKUMENTE AANGEHEG IS EN ALLE INLIGTING INGEVUL IS.**

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| **GEBRUIK DRUKSKRIF ASB!** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | **DATUM VAN TOELATING** | | | | | | | | | | | | | | | | | | | | | | **2** | | | | **0** | | | **J** | | **J** | | | **M** | | | **M** | | | | **D** | | **D** | |
| **1. LEERDERBESONDERHEDE** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **SEUN** | | | | | | | | | **DOGTER** | | | | | | |
| Van: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Volle voorname: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Noemnaam: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | ID No: | | | | | | | | | | | | | |  | | | | |  | | | |  |  |  | | |  | | | | | |  | | |  | | |  | | |  | | |  | | | |  | | |  | |
| Geslag: | | M | | | | | V | | | | | | | | | | Tans in Graad: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Graad vorige jaar: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Herhaal hy/sy gr 7? : | | | | | | | | | | | | | | | | | | | | **JA** | | | **NEE** | | |
| Geboortedatum: | | | | | | | | | | | J | | | | | | J | | | | J | | | | J | | | | | M | | | | M | | | | | D | | | | D | | | | | | Huistaal: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Kerkverband: | | | | | | | | | | | | | | | | |
| Woon by: (**✓Merk** ) | | | | | | | | | | | | | | | Beide Ouers: | | | | | | | | | | | | | | | | | | | | | | Vader: | | | | | | | | | | | | | | | | | | | | | | | | Moeder: | | | | | | | | | | | | Voog: | | | | | | | | | | | | | | | Grootouers: | | | | | | | | | | | | |
| **2. VORIGE SKOOL BYGEWOON** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Naam van skool: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **3. HET U KIND ENIGE KONSESSIES IN DIE LAERSKOOL GEKRY? INDIEN “JA” HEG DIE NODIGE BEWYSE AAN.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **JA** | | | **NEE** | | |
| **4. STATUS VAN GESIN (✓Merk )** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Getroud: | | | |  | | | | | | | | | Geskei: Bly by pa | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | Vervreem: Bly by pa | | | | | | | | | | | | | | | | | |  | | | | Pa is ‘n wewenaar: | | | | | | | | | | | | | | | | | | | | | | | |  |
| Voogde: | | | |  | | | | | | | | | Geskei : Bly by ma | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | Vervreem: Bly by ma | | | | | | | | | | | | | | | | | |  | | | | Ma is ‘n weduwee: | | | | | | | | | | | | | | | | | | | | | | | |  |
| Stiefpa: | | | |  | | | | | | | | | Stiefma: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | Lewensmaats: | | | | | | | | | | | | | | | | | |  | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| **5. BESONDERHEDE VAN BIOLOGIESE VADER** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Van: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Volle name: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Noemnaam: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Titel: | | | | | | | | | | | | | | | | | | | | | | | | | |
| ID-nommer: | | | | | |  | | | | | |  | | | | | |  | | | |  | | |  | | | |  | | | |  | | | | |  | | | |  | | | | | |  | | | | |  | | | | |  | | | | |  | | | | NB: e-posadres: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Woonadres: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Werkgewer: | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Posbeskrywing: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Pa telefoonnommers: Huis: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Werk: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Selfoon: | | | | | | | | | | | | | | | | | | | | |
| **6. BESONDERHEDE VAN BIOLOGIESE MOEDER** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Van: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Volle name: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Noemnaam: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Titel: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ID-nommer: | | | |  | | | | |  | | | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | | |  | | | | | |  | | | |  | | | | | |  | | | | |  | | | | NB: e-posadres: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Woonadres: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Werkgewer: | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Posbeskrywing: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Ma telefoonnommers: Huis: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Werk: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Selfoon: | | | | | | | | | | | | | | | | | | | | |
| **7. BESONDERHEDE VAN VOOG/STIEFOUER** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Van: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Volle name: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Noemnaam: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Titel: Verwantskap tot kind: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ID-nommer: | |  | | | | |  | | | | | |  | | | | |  | | | |  |  | | |  | | | |  | | | |  | | | | |  | | | |  | | | | | |  | | | | |  | | | | NB: e-posadres: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Woonadres: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Werkgewer: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Posbeskrywing: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Telefoonnommers: Huis: | | | | | | | | Huis: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Werk: | | | | | | | | | | | | | | | | | | | | | | | | | | | Selfoon: | | | | | | | | | | | | | | | | | | | | | | | | |
| **8. KONTAKPERSOON IN GEVAL VAN NOOD – anders as ouers** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Van en Voorletters: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Adres: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Telefoonnommers | | | | | | | | | | | | | Huis: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Werk: | | | | | | | | | | | | | | | | | | | | | | Selfoon: | | | | | | | | | | | | | | | | | | | | | | | | |
| Verhouding tot leerder: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **9. MEDIESE BESONDERHEDE** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Spesiale behoefte van leerder: (bv. Epilepsie, Diabeet, Allergieë, geneigdheid tot abnormale bloeding, ens) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Dokter Naam: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Telefoonno: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mediese fonds: Naam | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Fondsnommer: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Hooflid: | | | | | | | | | | | | | | | | | | | | | | |
| **10. BROERS EN SUSTERS TANS IN HTS JOHN VORSTER** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Naam | | | | | | | | | | | | | | | | | | | | | | | | | Ouderdom | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Graad en Klas | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **11.** 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.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **12.** Ek dra my magte as ouer/voog oor aan die hoof van die skool of sy verteenwoordiger indien mediese behandeling/chirugiese ingreep vir my kind nodig mag wees. Sover ek weet is hy/sy fisies in staat om aan die genoemde aktiwteite deel te neem en verkeer hy/sy in goeie gesondheid. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **13. Suid-Afrikaanse Skolewet Nr. 84 van 1996**  1. Ouers wie se kinders toegelaat is , is wetlik verplig om skoolgeld soos deur die Beheerliggaam bepaal, te betaal. Skoolgeld is maandeliks of eenmalig vooruit betaalbaar. Ouers moet onderneem om die betaling vol te hou vir die volle tydperk wat die leerder(s) aan die skool verbonde sal wees, behalwe as u volle of gedeeltelike vrystelling van skoolgeld ontvang het.  2. U het die reg om aansoek te doen vir vrystelling van skoolgeld.  3. Vrystellingsaansoeke moet jaarliks gedoen word, inligting op die D6+ Connect beskikbaar | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **14.** Hiermee verleen ek/ons ingevolge Artikel 11.1 magtiging om my/ons persoonlike Inligting aan die skool beskikbaar te stel ingevolge die Wet op Beskerming van Persoonlike Inligting, Wet 4 van 2013 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **15. Afrikaans is die ENIGSTE onderrigmedium van die skool.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

**VERKLARING DEUR OUER/VOOG**

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| Ek, die ondergetekende …………………………………………………………… ID NO: |  |  |  |  |  |  |  |  |  |  |  |  |  |

ouer/voog van : …………………………………………………………………………………………… verklaar hiermee, dat die inligting vervat in hierdie inligtingsvorm juis en korrek is.

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Handtekening van ouer/voog Datum