



# LAERSKOOL GENERAAL ALBERTS PRIMARY

## Application Form for Admission 2027 Grade 1 learners – submit once placed by GDE

Class to  
be placed  
in

Date of Application: (Gr.1 Online App Date)	D	D	M	M	Y	Y	Y	Y	Gender	Male	Female
Name & Surname of Learner:											
ID Number of Learner:											
Grade:	LSEN	1	2	3	4	5	6	7	Please select grade applying for		
Email for Correspondence:											
Cell for correspondence:											
Alternative Email or Cel No:											
IF APPLYING FOR MORE THAN ONE CHILD AT GENERAAL ALBERTS PRIMARY FOR 2027 ADMISSIONS, PLEASE WRITE DOWN NAMES AND GRADES OF SIBLINGS APPLYING FOR BELOW											
1.											
2.											
Has the learner you are applying for previously been retained? If yes, please indicate which grades.											
Please indicate the reason for changing schools:											

### **CERTIFIED DOCUMENTS REQUIRED AS STIPULATED BELOW MUST BE ATTACHED TO EACH APPLICATION –**

Complete application forms can be submitted directly to the school or via email to [applications@albies.co.za](mailto:applications@albies.co.za)

1	Certified Birth Certificate of Learner		6	Copy (Back and Front) of <u>Medical Aid Card</u> – if applicable	
2	Certified ID – Biological Father & Mother / Legal Guardian		7	<b>Proof of Employment</b>	
3	Latest School <b>Progress Report</b>		8	<b>Legal Guardianship documents</b> (COURT documents/ Official document from social worker)	
4	<b>Clinic Card</b> (1 page showing Vaccinations)		10	IMMIGRANTS: Parents Passport with Visa / Asylum / Refugee	
5	<b>Proof of Residence in Parent's Name</b>		11	IMMIGRANTS: <b>LEARNER</b> Passport / Asylum / Refugee	

### 11. ACCEPTABLE PROOF OF HOME ADDRESS

11. Certified copies of the following documents are accepted as Proof of Home Address:

11.1. For Homeowners:

- **Municipal account** not older than 3 months in the name of the applicant parent bearing the full residential address of the parent

11.2. Tenants / renters: applicants who are not owners of property. ALL the documents listed below:

- **Municipal account** not older than 3 months in the name of the landlord (homeowner) bearing the full physical residential address and details of tenant, **AND**

Certified copies of the following documents:

- A valid and current (during the application period) lease agreement signed by landlord and tenant, bearing the full physical residential; And
- Rental Payment receipt with full physical residential address not older than 3 months; And
- Statement of any account, **not older than 3 months**, in the name of the applicant parent bearing the full physical residential address of the parent

# LAERSKOOL GENERAAL ALBERTS PRIMARY

Please complete using **BLOCK LETTERS**, black ink and initial each page.  
Completing this form does not necessarily mean that the learner has been accepted into the school.

LEARNER INFORMATION										
<b>GRADE APPLYING FOR:</b> _____					<b>YEAR WHEN HIGHEST GRADE WAS PASSED:</b> _____					
<b>SURNAME OF LEARNER:</b>										
<b>BIRTH NAMES:</b> <i>(as shown on birth certificate)</i>										
<b>PREFERRED NAME:</b> <i>(No nicknames)</i>										
<b>ID-NUMBER - LEARNER:</b>										
<b>PASSPORT NR - LEARNER:</b>										
<b>DATE OF BIRTH:</b>		<b>Dexterity of Learner</b> <i>(Which hand does your child write with?)</i>					<b>LEFT</b>	<b>RIGHT</b>		
<b>GENDER:</b>		M	F	<b>MODE OF TRANSPORT:</b>						
<b>School Currently Attending:</b>							<b>TEL.NR:</b>			
<b>Previous School:</b>							<b>TEL.NR:</b>			
<b>NATIONALITY:</b>		<b>Code:</b> _____	A1: SOUTH AFRICAN		A2: CHINESE		A3: PORTUGUESE		A4: KONGOLES	
			A5: ANGOLESE		A6: ZIMBABWEAN		A7: ETHIOPIAN		A8: OTHER	
<b>POPULATION GROUP:</b>		<b>Code:</b> _____	B1: BLACK		B2: COLOURED		B3: ASIAN		B4: INDIAN	
			B5: WHITE		B6: OTHER					
<b>ETHNIC GROUP:</b>		<b>Code:</b> _____	F1: N. SOTHO		F2: S. SOTHO		F3: NDEBELE		F4: SWAZI	
			F6: VENDA		F7: XHOSA		F8: ZULU		F9: TSWANA	
			F10: OTHER							
<b>STATUS OF FAMILY:</b>  <b>CODE:</b> _____ <i>(e.g., 1)</i>		1 MARRIED LIVE WITH BOTH PARENTS			2 STEPFATHER			3 STEPMOTHER		
		4 WIDOWER			5 WIDOW			6 GUARDIANS		
		7 DIVORCED LIVE WITH FATHER			8 DIVORCED LIVE WITH MOTHER			9 ESTRANGED LIVE WITH MOTHER		
		10 ESTRANGED LIVE WITH FATHER			11 LIVE TOGETHER			12 SINGLE PARENT (never married)		
		13 OWN MOTHER / STEPFATHER			14 OWN FATHER / STEPMOTHER			15 2 <sup>ND</sup> MARRIAGE		
		16 OTHER (specify):								
<b>INDICATE WITH x WHO THE LEARNER RESIDES WITH AND PHYSICAL ADDRESS:</b>		BOTH PARENTS		LEARNER'S PHYSICAL ADDRESS & PRIMARY CONTACT NUMBER						
		MOTHER								
		FATHER								
		OTHER (SPECIFY)								
<b>NUMBER OF CHILDREN IN HOUSEHOLD AND AGES:</b>				<b>AGE:</b>	<b>AGE:</b>	<b>AGE:</b>	<b>AGE:</b>	<b>AGE:</b>		
<b>BIOLOGICAL BROTHERS / SISTERS <u>ALREADY</u> ATTENDING GENERAL ALBERTS PRIMARY:</b>		<b>NAME:</b>				<b>GRADE:</b>				
		<b>NAME:</b>				<b>GRADE:</b>				
		<b>NAME:</b>				<b>GRADE:</b>				
<b>RELIGION:</b>										
<b>HOME LANGUAGE:</b>		<b>PREFERRED LANGUAGE OF INSTRUCTION:</b>								
<b>COUNTRY OF ORIGIN:</b>										

INITIAL: \_\_\_\_\_

## FAMILY INFORMATION

### FATHER / PRIMARY GUARDIAN DETAILS:

SURNAME:				
INITIALS:		TITLE:		
FULL NAMES:				
DATE OF BIRTH:				
ID NUMBER / PASSPORT NUMBER:				
CITIZENSHIP:		COUNTRY:		
PHYSICAL ADDRESS:				
	POSTAL CODE:			
HOME TELEPHONE:				
CELL NUMBER:				
E-MAIL ADDRESS:	<small>(Please write legible in print)</small>			
OCCUPATION:				
EMPLOYER:				
WORK ADDRESS:				
WORK TELEPHONE:				
RELATIONSHIP TO LEARNER:		LEARNER RESIDES WITH THIS PARENT: Indicate with X	YES:	NO:

### MOTHER / SECONDARY GUARDIAN DETAILS:

SURNAME:				
INITIALS:		TITLE:		
FULL NAME:				
ID NUMBER / PASSPORT NUMBER:				
DATE OF BIRTH:				
CITIZENSHIP:		COUNTRY:		
PHYSICAL ADDRESS:				
	POSTAL CODE:			
HOME TELEPHONE:				
CELL NUMBER:				
E-MAIL:	<small>(Please write legible in print)</small>			
OCCUPATION:				
EMPLOYER:				
WORK ADDRESS:				
WORK TELEPHONE:				
RELATIONSHIP TO LEARNER:		LEARNER RESIDES WITH THIS PARENT: Indicate with X	YES:	NO:

**NEXT OF KIN - CONTACT IN CASE OF EMERGENCY IF PARENTS CAN NOT BE REACHED**

<b>NAME AND SURNAME:</b>	<b>1.</b>	<b>2.</b>
<b>RELATIONSHIP TO LEARNER:</b>		
<b>CONTACT NUMBER: (C)</b>		
<b>CONTACT NUMBER: (W)</b>		
<b>CONTACT NUMBER: (H)</b>		

**FAMILY DOCTOR AND MEDICAL AID DETAILS:**

<b>NAME OF DOCTOR:</b>		<b>TEL.NR:</b>	
<b>MEDICAL AID AND PLAN:</b>		<b>MEMBER NR:</b>	

**MEDICAL & PERSONAL HISTORY**

Specify special educational needs / medical condition / disability or Allergy. Please attach any relevant documentation regarding any ailment, disease or disability which the school should know about.


**SCHOOL FEES**

**Details of person responsible for school fees**

<b>ACCOUNT HOLDER:</b>	<b>Primary Guardian:</b>		<b>Secondary Guardian:</b>		<b>Other: (Specify)</b>	
<b>SURNAME:</b>						
<b>INITIALS:</b>						
<b>TITLE:</b>						
<b>ID / PASSPORT NUMBER:</b>						
<b>POSTAL ADDRESS:</b>						
	<b>POSTAL CODE:</b>					
<b>PHYSICAL ADDRESS:</b>						
	<b>POSTAL CODE:</b>					
<b>HOME TELEPHONE:</b>						
<b>CELL NUMBER:</b>						
<b>OCCUPATION:</b>						
<b>EMPLOYER:</b>						
<b>WORK ADDRESS:</b>						
	<b>POSTAL CODE:</b>					
<b>WORK TELEPHONE:</b>						
<b>E-MAIL ADDRESS: (STATEMENT TO BE E-MAILED)</b>	<b>(Please write legible in print)</b>					

**Intake Form**

Any physical disabilities? **YES / NO**

If **YES**, please state the disability:

\_\_\_\_\_

Does your child wear spectacles: **YES / NO**

History of emotional issues (trauma, anxiety, depression, domestic challenges):

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

History of learning disability (dyslexia, dysgraphia, dyscalculia, ADD, ADHD, autism):

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

Assessments/evaluations done regarding the above-mentioned disability:

<u>Assessment</u>	<u>Doctor / Therapist</u>	<u>Date of evaluation</u>

Additional family information with regards to health problems, learning difficulties, trauma or domestic issues:

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

**Medical history**

Any current diagnosis: \_\_\_\_\_

Current medications: \_\_\_\_\_

Allergies: \_\_\_\_\_

**Scholastic history**

Any behavioral concerns: \_\_\_\_\_

Has your child been suspended/expelled for any behavioral challenges at any previous schools?

**YES / NO**

If **YES**, please explain briefly:

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If your child attended home schooling / more than one previous school, please give a complete history of all schools attended for each grade.


**Extra-curricular activities history**

Did your child take part in any sport or cultural activities? **YES / NO**

Please state the activity and where applicable highest achievement is this specific activity (district/provincial):

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Any additional information you would like the school to know about:

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***\*Please attach proof of medical reports, therapist reports and any other applicable evidence.***

I \_\_\_\_\_, parent of \_\_\_\_\_  
hereby declare that the information given to the school is correct and truthful.

\_\_\_\_\_  
Initials and surname.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**AGREEMENT WITH LAERSKOOL GENERAL ALBERTS PRIMARY  
GENERAL CONDITIONS**

**The parent/guardian undertakes to:**

1. Notify the Governing Body of Laerskool Genl. Alberts Primary within 14 days after change of address of his/her new address. The parent/guardian further confirms that any of the above addresses will serve as his/her domicile citandi et executandi address for the receiving of court process documents, should the parent/guardian fail to give notification of change of address.
2. Should the Governing Body deem it necessary to take legal action with regard to the recovering of outstanding school fees, the parties agree to the jurisdiction of the Magistrate's court in the ALBERTON district, in accordance with the stipulations of article 45(1) of the Act on Magistrate courts, 32 of 1944.
3. Should the parent/guardian fail to pay school fees, interest will be charged at 15,5% per annum on outstanding accounts.
4. To apply for a subsidy in good time if parent/guardian experience financial problems.
5. In the case of legal action implemented at the discretion of the Governing Body of Laerskool Genl. Alberts Primary the parent/guardian agrees to the costs of the lawsuit between the parties as determined by the Magistrate's Court, on attorney and client scale, AS WELL AS recovering costs.
6. Parent/Guardian agrees irrevocably to the responsibility for the payment of tracing costs and expenditures that may be incurred in the future to trace the work- and/or home address, should it be necessary.
7. This is the full agreement between the Governing Body of Laerskool Genl. Alberts Primary and the parent/guardian of the mentioned learner, no changing of this agreement is valid unless changed in writing and signed by both parties.
8. Acceptance of the school rules / code of conduct unconditionally and undertake to always see that our son/daughter subjects him/her to the rules/code of conduct of the school.
9. Hereby acknowledge that I am fully liable for payment of school fees to Laerskool General Alberts Primary for the duration of my child's school admission as well as any outstanding amounts due to the school after the learner has transferred.
10. Agrees and consent that Laerskool General Alberts may forward school records and transcripts to forwarding schools when being transferred.
11. Agrees and consent that the learner may participate in all school activities, extra-mural activities, functions and events which takes part on the school premises.
12. Public school fees are a statutory duty in terms of the South African Schools Act No. 84 of 1996 (as amended), payable annually in advance at the beginning of each school year and such payment is compulsory, unless parents have been granted an exemption or partial exemption of school fees. Irrespective of marital status or divorce agreements, both parents are jointly and severally liable for the payment of school fees. Any divorce order is inter-parties binding on the parties thereto and does not affect the parents' liability to school fees.
13. I agree should any information provided in this application, which is found to be false or incorrect, will lead to the rescinding of the admission of this applicant. Admissions will be administered according to the school's Admission Policy.
14. Foreign learners / Immigrants herewith agree to keep their documentation up to date and to ensure that it is always valid and undertake to provide the school with updated permits / visas / documentation prior to expiry.
15. Parents / Guardians of foreign learners requiring a study permit acknowledge that they will apply for such as soon as a provisional acceptance letter is issued to a prospective learner. The school will need to be receive a copy of such permit or proof of application within 6 weeks.
16. I \_\_\_\_\_ (Name of Parent/Guardian) hereby declare that the information supplied in this form is true and just and that I, by way of my signature hereunder, authorise the Chairperson of the School Governing Body or his/her representative to control and confirm any of the details supplied. I am aware that should any information supplied be found not to be true, I may be liable to a criminal offence.

## CONSENT, INDEMNITY AND ACKNOWLEDGEMENT OF DEBT WITH RESPECT TO SCHOOL FEES

### **Consent and Indemnity**

I hereby give my consent for my child to take part in extramural activities for the school, including educational excursions / tours, cultural and sports activities while attending this school. I fully understand and accept that my child's participation in all tours, excursions and sports activities shall be undertaken at indemnity, hold harmless and absolve the Governing Body, Principal and Staff against any of all claims whatsoever that may arise in connection with my aforesaid child during any such tour / excursion of cultural or sports activity. I agree that the school may contact me via e-mail / SMS / WhatsApp to improve communication between me and the school. I agree that the school and staff will not be held liable for the loss or damage to the learner's personal belongings.

### **Acknowledgment of debt**

We agree that both parents, father, and mother and / or guardian are jointly and severally liable for the school fees as determined by statutory regulation annually and that fees will be paid in accordance with the requirements set out from time to time by the school for the duration of our / my child's school career at Laerskool General Alberts Primary. We also accept responsibility for any damage our child might cause to school property and will pay for such damage.

### **Mandate to gather personal information**

We understand the school's right to seek confidential information regarding personal finances and income and agree to the above when application for financial relief is applied for.

### **Protection of Personal Information**

1. I/we, being the parent/s or legal guardian/s of the learner, consent to:
  - a. My/our personal information being collected, processed and stored by the school in terms of the relevant provisions of the Protection of Personal Information Act 4 of 2013 (POPI) for purposes of the proper functioning, management and governance of the school, as prescribed in the South African Schools Act, 84 of 1996 and other relevant national and provincial educational legislation and policies;
  - b. The learner's personal information (including academic, attendance, behavioral and other school related records) being collected, processed, shared and stored by the school in terms of the relevant provisions of the Protection of Personal Information Act 4 of 2013 (POPI) for purposes of enrolment of the learner in the school, the proper functioning, management and governance of the school, as prescribed in the South African Schools Act, 84 of 1996 and other relevant national and provincial educational legislation and policies.
2. I/we confirm that I/we have been informed that the abovementioned personal information will be dealt with in line with the school's POPI policy. I also confirm that I am aware that my/our rights with regard to the protection of my personal information is also detailed in this policy.
3. I/we give consent to the discreet use of photos / videos of my child to be used at school, website, newspaper and / or WhatsApp.

I/we confirm that I/we understand that it is my/our responsibility to inform the school as soon as any of the personal information I have provided herein changes and undertake to furnish the school with such amended information as soon as possible. I confirm that by applying to the school and by signing below that I give consent to that information provided by me may be verified. I acknowledge that I understand that if false information and documents are submitted with this application, that said application will be automatically withdrawn as well as reported.

***I, \_\_\_\_\_ parent/legal guardian of \_\_\_\_\_ declare that all information provided on this form is correct and true and that I herewith understand and agree with the conditions and Indemnity and herewith give consent.***

**SIGNED AT \_\_\_\_\_ ON THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 20\_\_\_\_.**

\_\_\_\_\_  
**SIGNATURE: (FATHER / Guardian)**

\_\_\_\_\_  
**Name and Surname (Please print)**

**ID Number:** \_\_\_\_\_

\_\_\_\_\_  
**SIGNATURE: (MOTHER / Guardian)**

\_\_\_\_\_  
**Name and Surname (Please print)**

**ID Number:** \_\_\_\_\_

INITIAL: \_\_\_\_\_