



GLORIA BOTHA SKOOL/SCHOOL

For children with intellectual disabilities / Vir kinders met intellektuele gestremdhede

Saratoga Cres 2 Saratoga Cress
Somerset Wes/West
7130

Tel: 021 – 851 2156

Email/Epos: gloriabothaskool@gmail.com

A: LEERDER/LEARNER

VAN:

SURNAME : _____

VOORNAME:

FULL NAMES: _____

NOEMNAAM:

GEBOORTEDATUM (dd/mm/jj)

NICK NAME: _____ DATE OF BIRTH(dd/mm/yy) _____

GESLAG:

ID NOMMER:

HUISTAAL:

GENDER: _____ ID NUMBER: _____ HOME LANGUAGE: _____

KERKVERBAND:

RELIGIOUS DENOMINATION: _____

GETAL KINDERS IN GESIN:

NUMBER OF CHILDREN IN FAMILY: _____

IS LEERDER DIE 1ste, 2de, 3de ens. IN DIE GESIN:

IS LEARNER THE 1st, 2nd, 3rd, etc. IN THE FAMILY: _____

NAAM VAN MEDIESE DOKTER:

NAME OF MEDICAL DOCTOR: _____ TEL: _____

NAAM & TEL. VAN NASORGSENTRUM/ PERSOON (INDIEN VAN TOEPASSING):

NAME & TEL. OF AFTER CARE CENTRE/PERSON (IF APPLICABLE):

_____ TEL: _____

NOOD TEL. NOMMERS: Naam & Van (persoon anders as ouers) :

EMERGENCY TEL. NUMBERS: Name/Surname – (person other than parents):

_____ TEL: _____

NAAM & TEL. VAN PERSOON WAT LEERDER BY SKOOL KOM HAAL:

NAME & TEL. OF PERSON COLLECTING LEARNER FROM SCHOOL:

_____ TEL: _____

B. ALGEMEEN/ GENERAL

ALLERGIË:

ALLERGIES: _____

SIEKTE(S) WAT LEERDER GEHAD HET : (onderstreep)

ILLNESS(ES) LEARNER HAS HAD : (underline)

Measles/Masels

German Measels/Duitse Masels

Whooping cough/Kinkhoes

Chicken Pox/Waterpokkies

Mumps/Pampoentjies

Scarlet Fever/Skarlakenkoors

Diphtheria/Witseerkeel

Rheumatic Fever/Rumatiekkooors

Ander/Other

ANDER BELANGRIKE SIEKTES WAARAAN LEERDER LY: (bv. Asma, Epilepsie ens.)

OTHER IMPORTANT ILLNESSES LEARNER SUFFERS FROM: (eg. Asthma, epilepsy etc.)

KRONIESE MEDIKASIE:

CRONIC MEDICATION: _____

OPERASIES WAT LEERDER GEHAD HET : (soort en datum)

OPERATIONS LEARNER HAS HAD : (type and date)

ENIGE MEDIKASIE WAT DIE LEERDER BY DIE SKOOL MOET NEEM: (bv. Insulien ens.)

ANY MEDICATION THAT THE LEARNER MUST TAKE AT SCHOOL: (eg. Insulin etc.)

N.B. ALLE LEERDERS MOET TEN VOLLE GEÏMMUNISEER WEES VOLGENS DIE WET.

ALL LEARNERS MUST BE IMMUNISED AS REQUIRED BY LAW

NAAM VAN VORIGE SKOOL: (Indien van toepassing)

PARTICULARS OF PREVIOUS SCHOOL: (If applicable)

ADRES: (Indien nie plaaslik)

ADDRESS: (If not local) _____

DATUM VAN LAASTE SKOOLDAG BY BOGENOEMDE SKOOL: _____

PERIODE BYGEWOON: (Aantal jare) _____

DATE OF LEAVING ABOVE-MENTIONED SCHOOL: _____

PERIOD OF ATTENDANCE: (Years) _____

ENIGE ANDER SKOOL/SKOLE DEUR LEERDER BYGEWOON: (Name/ graad/jaar)

OTHER SCHOOL ATTENDED BY LEARNER : (Name/grade/year)

ENIGE HULPVERLENING REEDS DEUR LEERDER ONTVANG: (Bv. Arbeids,-
spraak,- fisioterapie,- remediëring of sielkundige hulp)
LEARNING SUPPORT ALREADY GIVEN TO LEARNER (Eg. Occupational, - speech, -
physiotherapy, -remedial or psychological help)

C. GEDRAGSKODE/ CODE OF CONDUCT

Leerders moet:

- skool gereeld en stiptelik bywoon
- ander leerders die reg en geleentheid gee om ook te leer
- homself/ haarself weerhou van enige daad wat die klas ontwrig
- alle insidente van sosiale wangedrag dadelik aan 'n personeelid rapporteer
- mekaar, die personeel en hul omgewing respekteer

Learners undertake to:

- *attend school regularly and punctually*
- *allow every other pupil the right and opportunity to learn*
- *refrain from any action that might disrupt a class*
- *report all incidents of social misconduct immediately to a member of staff*
- *be respectful towards each other, the staff and their environment*

D. DISSIPLINÊRE PROSEDURE/ DISCIPLINARY PROCEDURE

Afhangende van die aard van die oorteding, sal die volgende prosedure gevolg word:

- Leerder word aangespreek deur opvoeder
- Straftakies soos om die klas te verlaat word aan leerder gegee
- Klasonderwyser skryf brief aan ouer
- Ouers word telefonies gekontak
- Ouers word ontbied vir gesprek met skoolhoof
- Ouers word ontbied vir gesprek met skoolhoof en die Beheerliggaam

Die volgende faktore moet ook in ag geneem word tydens die gesprek:

- Emosionele en intellektuele vlak van leerder
- Huislike omstandighede
- Uitwerking van medikasie

Depending on the nature of the offence, the following procedures will be followed:

- *Learner will be reprimanded by teacher*
- *Punishment by doing small tasks, for example cleaning the class*
- *Teacher will write a letter to the parents*
- *Meeting between parents and principal*
- *Meeting with parents, principal and governing body*

The following factors must be considered:

- *Emotional end intellectual state of the learner*
- *Circumstances at home*
- *Side effects of medication*

Ek erken en verstaan die inhoud van die skool se GEDRAGSKODE EN DISSIPLINÊRE, en verklaar my bereid om my kind tenvolle daaraan te onderwerp.

I acknowledge and understand the content of the school's CODE OF CONDUCT AND DISCIPLINARY PROCEDURES and undertake to ensure that my child abides by it.

GETEKEN (OUER/VOOG) _____

SIGNED (PARENT/GUARDIAN) _____

D. TOESTEMMING EN VRYWARING/CONSENT AND INDEMINITY

Ek die ondergetekene, _____ (volle name), die ouer of voog van _____ (leerder) gee hiermee toestemming dat my kind mag deelneem aan buitemuurse aktiwiteite van die skool, insluitende opvoedkundige toere, uitstappies (met die skool se bussie), kulturele- en sportaktiwiteite, terwyl hy/sy as ingeskrewe leerder aan hierdie skool is. Ek verstaan en aanvaar ten volle dat al bogenoemde aktiwiteite deur die kind op eie risiko onderneem word en bevestig hiermee namens myself, my eksekuteurs, my eggenoot/eggenote en bogenoemde leerder om, in geval van beserings opgedoen, verlies of beskadiging van persoonlike eiendom of skool eiendom van bogenoemde leerder tydens skoolure, uitstappies, toere of buitemuurse aktiwiteite onderneem en waar 'n formele klag in so 'n geval mag ontstaan, die Gloria Botha Skool, die Beheerraad van die skool, die skoolhoof, personeel of enige derde party ten volle te vrywaar teen vervolging. Hierdie vrywaring word verleen met die wete dat die skoolhoof, personeel en enige toegewyde bevoegde derde party alle billike voorsorgmaatreëls sal tref om die welstand van die kind te verseker.

I, the undersigned _____ (full names), being the parent/guardian of _____ (learner) do hereby give my consent for my child to take part in extra-mural activities of the school including educational tours (with the school combi), excursions and extra-mural activities shall by undertaken at my child's own risk and I undertake and confirm on behalf of myself, my executors, my spouse and my child, to indemnify, hold blameless and absolve the Gloria Botha School, the School Governing Body, the principal and staff and any duly authorized third parties or agents against any or all claims whatsoever which may arise in connection with loss or damage to the property or injury to the person of my aforesaid child in the course of school hours, any such tour/excursion or extra-mural activity. This being done in the knowledge that the principal, staff and any duly authorized parties or agents will nevertheless take all precautions for the safety and welfare of my child.

GETEKEN(OUER/VOOG) : _____ **DATUM:** _____

SIGNED (PARENT/GUARDIAN) : _____ **DATE:** _____

E. SKOOLFONDS/ SCHOOL FEES

Ek aanvaar my verantwoordelikheid as ouer om die skoolfonds soos neergelê deur die Beheerraad en die gevolge wat van toepassing is by die nie-betaling. Ek sal die skool finansieël sowel as in alle fondsinsamelings projekte ondersteun.

I accept my responsibility as parent to pay the school fees as determined by the Governing Body and the consequences associated with non-payment. I will support the school financially and in all fundraising activities.

GETEKEN(OUER/VOOG) _____ **DATUM:** _____

SIGNED (PARENT/GUARDIAN) : _____ **DATE:** _____

F: OUERS/PARENTS

Indien ouers apart woon/geskei is, dui asb aan. Die naam en adres van die ouer by wie die kind woon.
 If parents are separated/divorced, please indicate the name and address of the parent with whom the child lives:
 Naam/Name: _____
 Adres/Address: _____

	Father or guardian/ Vader of voog	Mother or guardian/ Moeder of voog
TITLE, INITIAL, SURNAME TITEL, VOORLETTERS, NAAM		
ID. NUMBER/ID. NOMMER		
MEDICAL AID NAME: MEDIËSE FONDS NAAM: NR/NO:		
POSTAL ADDRESS: POSADRES:		
HOME ADDRESS: HUISADRES:		
MARITAL STATUS: HUWELIKSTATUS:		
E.MAIL / EPOS:		
FAX NUMBER: FAKS NOMMER:		
OCCUPATION: BEROEP:		
EMPLOYER & ADDRESS: WERKGEWER & ADRES:		
TEL. NO : HOME/HUIS: WORK/WERK CELL/SEL:		