



**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 / Email:		

**BESONDERHEDE VAN MOEDER OF VOOG / PARTICULARS OF MOTHER OR GUARDIAN**

Mev. / Me. / Mrs / 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 / Email:		

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

Naam en van / Name and surname	Verwantskap / Relationship	Telefoonnommer / Telephone number
1)		
2)		
3)		
4)		

**LEERDER(S) VIR WIE NASORG VERLANG WORD / LEARNER(S) WHO REQUIRE AFTERCARE**

NAME / NAMES	GEBORTE DATUM / DATE OF BIRTH	GR. IN 2027
1)		
2)		
3)		

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

Huisdokter / GP (Van / Surname):	Tel.:
Mediese fonds / Medical Aid:	Nommer / Number:

**(1) NAAM VAN LEERDER / NAME OF LEARNER:**

Allergieë / Allergies: (Spesifiseer asseblief kosallergieë/ Please specify food allergies)

Diabeet / Diabetic	JA / YES	NEE / NO	Asma / Asthma	JA / YES	NEE / NO
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**(2) NAAM VAN LEERDER / NAME OF LEARNER:**

Allergieë / Allergies (Spesifiseer asseblief kosallergieë/ Please specify food allergies)

Diabeet / Diabetic	JA / YES	NEE / NO	Asma / Asthma	JA / YES	NEE / NO
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# 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 2027 tot 31 Oktober 2027 betaal word.  
*Aftercare fees are payable over 10 months from 31 January 2027 to 31 October 2027.*
- 'n **Addisionele fooi** kan gehê word as leerders na **17:30** afgehaal word.  
*An **additional fee** can be charged if learners are fetched after **17:30**.*
- Leerders van ouers wat nie betalingsvoorwaardes nakom nie en wie se rekening 14 dae agterstallig is, sal deur die finansiële kantoor gekontak word. Indien ouers nie die nasorgrekening vereffen nie en die dienste reeds opgeskort is, sal die rekening aan die skool se prokureurs oorhandig word vir invordering. Die ouers sal verantwoordelik gehou word vir die prokureurskoste.  
*Learners of parents who do not comply with payment terms and whose account is 14 days in arrears, will be contacted by the financial office. If parents do not settle the aftercare account and services have already been suspended, the account will be handed over to the school's attorneys for collection. The parents will be held responsible for the legal costs.*

## 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 in hierdie aansoekvorm verstrekk, 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 provided in this application form is true and correct. I undertake to comply promptly with the terms of payment.

\_\_\_\_\_  
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 nasorgfasiliteite 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 nasorgfasiliteite bywoon.

I, \_\_\_\_\_, (full name & surname) of the following address \_\_\_\_\_, **parent/guardian** of \_\_\_\_\_, (name & surname) hereby request that the said child(ren) attend the aftercare facility at Durbanville Primary School 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 aftercare manager and 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 facility.

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

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

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