



KANTOOR GEBRUIK OFFICE USE

Aansoekvorm ontvang op Application form received on			
Registrasiefooi betaal Registration fee paid	R	op on	
Deposito betaal Deposito paid	R	op on	
Eerste fooi First fees	R	op on	
Datum waarop leerder begin Date learner started			
Graad Grade			
Rapport Report			

PERSONLIKE INLIGTING VAN LEERDER (Gebruik asb. BLOU INK) PERSONAL INFORMATION OF LEARNER (Please use BLUE ink)

Van Surname			
Voorname Names			
Noemnaam Name by which learner is called			
Geslag (M/V) Sex (M/F)		Huistaal Home language	
ID-nommer of geboortedatum (geboortesertifikaat) ID number (birth certificate)			
Getal kinders in gesin of huishouding Number of children in household or family			
Posisie in gesin: (Dui aan met 'n X) Position in family (Indicate with X)	Enigste kind Only child	Oudste kind First child	Tweede kind Second child
	<input type="checkbox"/> Derde kind Third child	<input type="checkbox"/> Vierde kind Fourth child	<input type="checkbox"/> Vyfde / meer Fifth / more
* Gestremdheid (indien enige) * Disability (if any)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MEDIËSE INLIGTING: (Dateer op indien nodig, behalwe allergieë) MEDICAL INFORMATION (Please update when there is change except for allergies)

Huisdokter / Kliniek Family doctor / Clinic		Kontaknommer Contact no	
Allergieë Allergies			
Chroniese siekte Chronic illness			
Naam van mediese fonds Name of medical Aid			
Mediese fonds no. Medical Aid no.			
Naam van hooflid (mediese fonds) Name of principal member (Medical Aid)			
Kontakpersoon (nie ouer of voog) in geval van nood Contact person (not parent or guardian) in case of emergency		Kontaknommer Contact no	

Enige aanduiding van probleme t.o.v. Any indication of problems w.r.t.	
Kind se groei vordering Child's growth progress	
Pre- en post-natale inligting Prenatal / postnatal information	
Visuele en gehoorsiftingsresultate Visual and hearing screening results	
Hospitaaltoelatings Hospital admissions	
Ontwikkelingsprobleme geïdentifiseer Any developmental problems in the "in need of special care" section	
Enige chroniese toestand Any chronic condition	
Medikasie (Ingeslote medikasie vir ADD / ADHD Medication (Including medication for ADD/ADHD	

OUER OF VOOG SE INLIGTING INFORMATION REGARDING PARENT(S) OR GUARDIANS			
	Vader / Father	Moeder / Mother	Voog / Guardian (if applicable)
Van en voorletters Surname & Initials			
Beroep Occupation			
Fisiese adres Physical address			
Posadres Postal address			
Stad / Dorp City / Town			
Telefoon (tuis) Telephone (home)			
Telefoon (werk) Telephone (work)			
Selfoon Cellphone			
E-pos adres Email address			

PERSONE SAAM MET WIE DIE LEERDER WOON (Voltooi slegs indien dit verskil van die ouers soos bo genoem) PERSON(S) THAT THE LEARNER LIVES WITH (Fill in only if when these are different from parents mentioned above)			
Van en voorletters Surname & initials		Identiteitsnommer ID Number	
Kontakbesonderhede Contact details		Verwantskap Relationship	

PERSONE WAT TOESTEMMING HET OM DIE LEERDER BY DIE SKOOL AF TE HAAL PERSONS AUTHORISED TO COLLECT THE LEARNER FROM SCHOOL			
Van en voorletters Surname & initials		Identiteitsnommer ID Number	
Kontakbesonderhede Contact details		Verwantskap Relationship	

**INTERVENSIË-DIENSTE GELEWER
INTERVENTION SERVICES RENDERED**

Ouderdom Age	Area wat ondersteun is Area of need	Diens en intervensies ontvang Services and interventions received

**SKOLE (Graad R ingesluit) BYGEWOON
SCHOOLS (Grade R included) ATTENDED (Include latest report / sluit jongste rapport in)**

Naam van skool Name of school	Language of teaching Taal van onderrig	TVLO LOLT	Datum / Date	Gr/Grd

**DEURLOPENDE ONDERSTEUNING BENODIG
(Akademies, emosioneel, gedrag, leer, visueel, gehoor, mobiliteit , kommunikasie – heg alle toepaslike verslae aan)
AREAS NEEDING ONGOING SUPPORT
(e.g. academic, emotional, behaviour, learning, vision, mobility, communication – detailed reports may be included in the profile)**

MM / JJ MM / YY	Grd Gr	Area wat ondersteuning benodig Area of need	Aard van ondersteuning Nature of support
/			
/			
/			
/			
/			
/			

/			
/			
/			
/			

PERSOONLIKHEID Dui persoonlikheidseienskappe aan met 'n X	PERSONALITY Mark personality traits with an X
<input type="checkbox"/> Gehoorsaam	<input type="checkbox"/> Obedient
<input type="checkbox"/> Ongehoorsaam	<input type="checkbox"/> Disobedient
<input type="checkbox"/> Koppig	<input type="checkbox"/> Hard-headed
<input type="checkbox"/> Selfstandig / Onafhanklik	<input type="checkbox"/> Independent
<input type="checkbox"/> Afhanklik	<input type="checkbox"/> Dependant
<input type="checkbox"/> Skaam	<input type="checkbox"/> Shy
<input type="checkbox"/> Teruggetrokke	<input type="checkbox"/> Withdrawn
<input type="checkbox"/> Vrymoedig	<input type="checkbox"/> Outspoken
<input type="checkbox"/> Vriendelik	<input type="checkbox"/> Friendly
<input type="checkbox"/> Humeurig	<input type="checkbox"/> Bad tempered
<input type="checkbox"/> Aggressief	<input type="checkbox"/> Aggressive
<input type="checkbox"/> Verdraagsaam	<input type="checkbox"/> Patient
<input type="checkbox"/> Prikkelbaar	<input type="checkbox"/> Irritable
<input type="checkbox"/> Selfsugtig	<input type="checkbox"/> Selfish
<input type="checkbox"/> Onselfsugtig	<input type="checkbox"/> Selfless
<input type="checkbox"/> Liefdevol	<input type="checkbox"/> Loving
<input type="checkbox"/> Soek aandag	<input type="checkbox"/> Seeks attention
<input type="checkbox"/> Afsydig	<input type="checkbox"/> Does not seek attention / Distant
Selfvertroue	Confidence
<input type="checkbox"/> te veel	<input type="checkbox"/> too much
<input type="checkbox"/> te min	<input type="checkbox"/> too little
<input type="checkbox"/> genoeg	<input type="checkbox"/> enough
<input type="checkbox"/> Hulpvaardig	<input type="checkbox"/> Helpful
<input type="checkbox"/> Reageer goed op opdragte en teregwysings	<input type="checkbox"/> Responds well to instructions and reprimands
<input type="checkbox"/> Reageer nie goed op opdragte en teregwysings	<input type="checkbox"/> Does not respond well to instructions and reprimands

AUDAS HOUSE hou die reg voor om enige kinders wat uiters aggressiewe gedrag openbaar en die welstand van ander kinders in die gedrang bring, te versoek om die skool te verlaat.

AUDAS HOUSE retains the right to request that a child leave the school due to excessive aggressive behaviour that might affect the wellbeing of other children.



Ek, die ondergetekende,		(full names),
die ouer/ voog van		(leerder),
<p>bevestig hiermee namens myself, my eksekuteurs, my eggenoot/eggenote en bogenoemde leerder om, in die geval van beserings opgedoen, verlies of beskadiging van persoonlike eiendom ten opsigte van bogenoemde leerder tydens die onderrig in AUDAS HOUSE, waar 'n formele klag in so 'n geval mag ontstaan, die personeel of enige derde party ten volle te vrywaar teen vervolging. Hierdie vrywaring word verleen met die wete dat personeel en enige toegewysde bevoegde derdeparty alle billike voorsorgmaatreëls sal tref om die welstand van my kind te verseker.</p> <p>Hiermee gee ek toestemming dat:</p> <ul style="list-style-type: none"> • My kind op eie risiko in AUDAS HOUSE onderrig word; • Aan opvoedkundige uitstappies mag deelneem; • In 'n personeellid se motor vervoer mag word in 'n noodsituasie of krisis of uitstappie; • Na die naaste mediese dokter of hospitaal geneem mag word in geval van akute nood. 		

I, the undersigned,		(volle name)
being the parent/guardian of		(learner),
<p>undertake and confirm on behalf of myself, my executors, my spouse and aforesaid child, to indemnify, hold blameless and absolve the staff and 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 in injury to the person of my aforesaid child during the child's education at AUDAS HOUSE. This being done in the knowledge that the staff and any duly authorised third parties or agents will nevertheless take all responsible precautions for the safety and welfare of my child.</p> <p>I hereby give my consent that my child:</p> <ul style="list-style-type: none"> • May be educated for at the AUDAS HOUSE at own risk. • May take part in educational excursions. • May be transported in a personel vehicle in a crisis or an emergency or to an excursion. • May be transported to the nearest medical doctor or hospital in the case of extreme emergency. 		

Geteken (ouer) Signed (parent)		Datum Date	
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Foie betaalbaar by inskrywing:	R1650.00
<i>Enmalige Administrasie fooi (nie terugbetaalbaar nie)</i> <i>Administrasiefooi sluit assessering van leerder in asook proefperiode om die leerder se aanpassing te bepaal</i>	
Deposito:	R3300.00
<i>Terugbetaalbaar, sonder rente, indien die leerder twee maande kennis gee wanneer hy/sy AUDAS HOUSE gaan verlaat.</i>	
Maandeliks vir 12 maande van die jaar:	R3300.00
IMPAQ program:	Ouers hanteer self betaling met IMPAQ
ID van Ouer:	
ID / Geboortesertifikaat van leerder:	
Kliniekaart:	

1. Stiptelike betaling van foie word vereis om die gehalte van onderrig en fasiliteite te handhaaf.
2. Foie is een maand vooruit betaalbaar, nie later nie as op die 3de dag van die maand. Foie is betaalbaar oor 12 maande.
3. Beide ouers is verantwoordelik vir foie. Indien foie nie betaal word soos gestipuleer nie, sal u kind nie toegelaat word AUDAS HOUSE leersentrum by te woon totdat dit vereffen is nie.
4. Twee maande se kennisgewing is nodig indien u kind AUDAS HOUSE verlaat.
5. Indien prokureurs/invorderaars gekontak moet word om foie in te vorder, sal die ouers of voog verantwoordelik gehou vir kliënte kostes.
6. Die maandtarief betaalbaar word jaarliks hersien.
7. Ouers is self verantwoordelik vir die aankoop van die leerprogram (IMPAQ) asook alle skryfbehoeftes soos benodig.
8. Onderrigsure is Maandag tot Vrydag van 08:00 tot 13:00. Leerders mag moet stiptelik om 13:00 afgehaal word.
9. Geen leerder mag voor 07:45 afgelaai word nie. Geen nasorgsentrum is tans beskikbaar nie. All protokol ten opsigte van COVID 19 moet gevolg word.
10. Kinders wat hulle aan aanhoudende wangedrag skuldig maak kan met 'n maand kennisgewing gevra word om AUDAS HOUSE te verlaat.

Persoon verantwoordelik vir die betaal van foie

Naam en van / Name and surname:	
ID Nommer / ID number	
Posadres / Postal address:	
Huisadres / Home address:	
Tel: Huis / Home:	
Werk / work:	
Sel / Cell:	
Epos / E mail:	
Beroep / Occupation:	

Hiermee verklaar ek	ouer van
dat die informasie op die inskrywingsvorm van AUDAS HOUSE korrek is en dat ek by die regulasies soos gestipuleer sal hou.	

Geteken (Ouer)	Datum
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Fees payable at admission:	R1650.00
<i>Once off administration fee (Nonrefundable) Administration fee includes assessment of learner as well as trail period to determine adaptability of the learner</i>	
Deposit:	R3300.00
<i>Refundable, without interest, if the learner gives two months' notice when he or she will be leaving AUDAS HOUSE</i>	
Monthly for 12 months of the year:	R3300.00
IMPAQ program:	Parent organise payment with IMPAQ
ID of Parent:	
ID / Birth certificate of learner:	
Clinic card:	

- Prompt payment of fees to maintain quality of education and facilities.
- Fees are to be paid upfront, not later than on the 3rd of each month. Fees are to be paid for 12 months of the year.
- Both parents are responsible for fees. If fees are not paid as stipulated, your child will not be allowed to come to AUDAS HOUSE learning Centre until fees are paid.
- Two months' notice is necessary when your child is leaving AUDAS HOUSE.
- Parents or guardians will be held responsible for fees if lawyers / dept collectors need to be contacted to collect fees.
- The monthly tariff will yearly be adapted.
- It remains the responsibility of the parent to purchase the learning program (IMPAQ) as well as stationary as needed.
- School hours are from Monday to Friday from 08:00 until 13:00. Learners should be fetched promptly at 13:00. No aftercare facilities are available at the moment. Learners may not enter AUDAD HOUSE learning center before 07:45
- All protocol regarding COVID 19 should be followed.
- AUDAS HOUSE retains the right to request that a child leave the school due to excessive aggressive behaviour that might affect the wellbeing of other children

Person reliable for fees	
Name and surname:	
ID number:	
Postal address:	
Home address:	
Tel: Home:	
Work:	
Cell:	
E mail:	
Occupation:	

I,		parent of	
hereby declare that the information on the form is correct and that I will adhere to the regulations as stipulated.			

Signed (Parent / Guardian)		Date	
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