



8 November 2024

Geagte ouer/voog

## JAARLIKSE MERIETE-UITSTAPPIES 2024

Die finale datums en reëlings vir die jaarlikse meriete-uitstappie van die graad 8 tot 11-leerders, wat daarvoor kwalifiseer, is soos volg.

### Graad 8 en 9

- Die uitstappie is op **5 Desember** na Gold Reef City.
- Die busse vertrek om 06:30 vanaf die skool en sal ongeveer 17:00 terug wees.
- Die koste per leerder is R250 (dit sluit vervoerkoste, ingang na die park en toegang tot al die ritte in).
- Kos mag nie ingeneem word nie, bring dus jou eie sakgeld saam.
- Gelde moet voor of op 2 Desember by die finasies kantoor inbetaal word.
- Elektronies betalings kan in die skool se rekening inbetaal word. Gebruik asseblief die leerder se **naam & van** as verwysing.
- **Toestemmingsvorm** (sien aangeheg) moet op die laaste 2 Desember by die onderskeie Graadvoogde ingehandig word.

### Graad 10 en 11

- Die uitstappie is op **6 Desember** na Gold Reef City.
- Die busse vertrek om 06:30 vanaf die skool en sal ongeveer 17:00 terug wees.
- Die koste per leerder is R250 (dit sluit vervoerkoste, ingang na die park en toegang tot al die ritte in).
- Kos mag nie ingeneem word nie, bring dus jou eie sakgeld saam.
- Gelde moet voor of op 2 Desember by die finasies kantoor inbetaal word.
- Elektronies betalings kan in die skool se rekening gemaak word. Gebruik asseblief die leerder se **naam & van** as verwysing.
- Vrywaringsvorme moet op die laaste 2 Desember by die onderskeie Graadvoogde ingehandig word.

## BELANGRIK

- **Let wel dat leerders slegs kwalifiseer om die uitstappie mee te maak indien hulle minder as 100 debietpunte teen hul naam het. Leerders moet ook 'n minimum van 50 positiewe punte hê. Leerders moes deelgeneem het aan die buitekurrikulêre aktiwiteite deur die skool gereël, wat tydens skoolure plaasgevind het, bv. swem-interhuis.**
- *Leerders wat 'n Topbestuur- of BL-verhoor gehad het, kwalifiseer ongelukkig nie.*
- *Leerders wat navrae ten opsigte van hul merietepunte het, kan by die onderskeie Graadvoogde navraag doen.*

Oos-Moot groete

S THERON  
TOESIGHOUDENDE HOOF

HJ VAN ASWEGEN  
DEPARTEMENTSHOOF: LO



**SCHEDULE 3  
FORM 1  
PARENTAL EXCURSION/TOUR CONSENT VORM**

Note: This to be completed by a parent legal guardian/person acting in parental capacity of the learner who will undertake an excursion/tour.

1. DETAILS OF LEARNER

1.1	Name	
1.2	Grade	
1.3	School	

2. DETAILS OF THE SCHOOL

2.1	District	
2.2	Name of School	
2.3	Name of Principal	

3. DETAILS OF EXCURSION/TOUR

3.1	Destination	
3.2	Purpose of excursion/tour	
3.3	Proposed departure date	
3.4	Proposed arrival date	

4. CONSENT BY PARENT/LEGAL GUARDIAN/PERSON ACTING IN PARENTAL CAPACITY

I, \_\_\_\_\_ (parent/legal guardian/acting in parental capacity) do hereby consent to the above learner undertaking the excursion/tour, and confirm that –

4.1 have been advised and fully understand the purpose, nature and risks associated with this excursion/tour:

4.2 have been informed by the school of all the relevant details associated with this excursion/tour, including the itinerary, arrangements for travel, accommodation, contact details of the excursion/tour manager and other associated details:

4.3 understand that in the event of accident or injury to the above learner that all reasonable steps will be taken by the excursion/tour manager to contact me and if cannot be reached contact my relatives indicated to obtain consent for any necessary emergency medical treatment and/or any emergency medical operation:

Name of Person	Relationship to the learner	Contact details
		Home: Work: Cell phone: Email: Fax:
		Home: Work: Cell phone: Email: Fax:

4.4 have completed the medical questionnaire to ensure the safety of my child; and

4.5 have been provided with a copy of the school's discipline rules in terms of which the learner will undertake the excursion/tour.

5. **DETAILS AND SIGNATURE OF PARENT/LEGAL GUARDIAN/PERSON ACTING IN PARENTAL CAPACITY**

5.1	Name	
5.2	Capacity	
5.3	Address	
5.4	a) Contact telephone number	
	b) Cell number	
5.5	Signature	
5.6	Date	



**SCHEDULE 2  
FORM 1**

**MEDICAL QUESTIONNAIRE**

1.	School Name				
2.	Name of Learner				
3.	Date of Birth				
4.	Nature of Tour				
5.	Name of Parent/Legal Guardian				
6.	Home Address				
7.	Home Telephone/Cell no.				
8.	Work Telephone				
9.	Work Address				
10.	Do you belong to a medical aid (X)				
	Name the Fund				
	Medical Aid Number				
11.	Name of Family Doctor				
12.	Telephone Number				
13.	Is your child allergic to any food (X)	Yes		No	
13.1	If Yes, specify				
14.	Is your child allergic to any medication (X)	Yes		No	
14.1	If yes, please give details				
15.	Is your child presently taking any medication?	Yes		No	
15.1	If so, please give a detailed list of medication and the dosage prescribed				
Details of Person Providing the Information					
Relationship to learner					
Print Name					
Signature of Parent					
Date					