



NPO 61103

ES LE GRANGE

**SKOOL
SCHOOL**

LSOB: Leerders met spesiale onderwysbehoefte
LSEN: Learners with special education needs

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NOORDBRUG, 2522
POTCHEFSTROOM

POPIA ANNEXURE A

I/We the undersigned _____
(NAME & ID / PASSPORT NUMBER)

hereby give my/our consent for the processing (use) of my/child's personal information by E.S. le Grange for the purposes of carrying out the following work:

- Application form
- Medical form
- Exemption of school fees
- Hostel Bursary application
- Grant form
- Consent form
- Indemnity form
- Learner info
- Other (please specify)

This information is necessary to carry out actions in order to conclude the process.

This consent is furnished on condition that my/our personal information shall be used and processed in accordance with the Protection of Personal Information Act.

SIGNED AT _____ (place) ON _____ (date)

SIGNATURE: _____