

HUIS VOLHARD

APPLICATION FOR ADMISSION OF PUPIL TO HOSTEL

- 1 This form must be completed in full.
- 2 Please print.
- 3 Mark with X where applicable.
- 4 Any medical conditions must be confirmed with a letter from the doctor.

OFFICE USE ONLY

ADMISSION NO. _____
ACCOUNTNO. _____

LEARNER INFORMATION:

SURNAME: _____ INITIALS: _____

FULL NAMES: _____

DATE OF BIRTH: _____ ID NO.: _____ SEX: _____

LANGUAGE MEDIUM: _____

PRESENT SCHOOL: _____ PRESENT GRADE: _____

LEARNER'S HEALTH IS:

VERY POOR	POOR	AVERAGE	GOOD	VERY GOOD
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Is the learner allergic anything? _____. If "yes" Please specify. _____

Any medical condition that the learner has? _____ If "yes" please specify. _____

Who is the learner's doctor in Knysna? _____

Name of medical aid? _____ Medical aid no. _____

PARENT / GAURDIAN INFORMATION:

FATHER

SURNAME: _____ INITIALS: _____

ID: _____ Tel. / cell no.: _____ (H) _____ (W)

POSTAL ADDRESS: _____ HOME ADDRESS: _____

OCCUPATION: _____ EMPLOYER: _____

ADDRESS OF EMPLOYER: _____

MOTHER

VAN: _____ INITIALS: _____

ID: _____ Tel. / Cell no.: _____ (H) _____ (W)

POSTAL ADDRESS: _____ HOME ADDRESS: _____

OCCUPATION: _____ EMPLOYER: _____

ADDRESS OF EMPLOYER: _____

If no Tel. / Cell no. has been given above, please supply a contact person's particulars.

TITLE	SURNAME	INITIALS	TEL. / CELL. NO.

With whom does the learner live?

FATHER	MOTHER	BOTH PARENTS	GAURDIANS	OTHER
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If "other" please specify. _____

WHO MAY SIGN THE LEARNER OUT OVER WEEK ENDS?

	SURNAME	NAME	ASSOCIATE	TEL. /CELL NO.	ADDRESS
1					
2					
3					
4					
5					

FINANCIAL INFORMATION:

Have you applied for a bursary? YES / NO If "Yes" DATE: _____

Is there a possibility that you would apply for a bursary in future? YES / NO

DECLARATION AND UNDERTAKING BY PARENT / GAURDIAN:

- 1 I, the undersigned parent / guardian of the above-mentioned learner hereby declare that the particulars as furnished, are to the best of my knowledge correct, and undertake:
 - 1.1 in the event of this application being successful and my child not making use of the accommodation, to accept liability for the full boarding fees for one school quarter, unless the committee having general supervision of the hostel decides otherwise
 - 1.2 in the event of this application being successful and my child making use of the accommodation from a later date than that mentioned in the application, to accept liability for the full boarding fees from the date stated, unless the committee decides otherwise
 - 1.3 to give written notice not less than one school quarter in advance of my intention to remove my child, except in case where the committee has accepted shorter notice, and if I fail to comply herewith, liability for the full boarding fees for the child until the end of the school quarter in respect of which notice should have been given
 - 1.4 to pay the boarding fees as fixed by the committee from time to time, **QUARTELY IN ADVANCE**, and
 - 1.5 to abide by the internal rules of the hostel.
- 2 The superintendent stands in loco parents to all pupils and is hereby empowered to act as my agent in all emergencies and medical or other matters.

DATE

SIGNATURE

PLEASE NOTE:

- 1 In terms of the rules relating to hostels a boarder whose boarding fees for any particular quarter have not been paid at the end of that quarter shall be excluded from the hostel from the beginning of the next succeeding quarter and may not readmitted until the arrear fees have been paid.
- 2 the committee does not accept liability for any loss or damage to the personal effects of boarders, irrespective of how such loss or damage is caused.
- 3 Parents are very strongly advised to ensure their children's possessions against fire, theft, etc.