



Steve Vukile Tshwete Education Complex * Zone 6* Zwelitsha* Private Bag X0032 * Bhisho * 5606 *

REPUBLIC OF SOUTH AFRICA * TEL: +27 (0)40 608 4342/4042 Fax: 040-60884485

APPLICATION FOR ADMISSION TO A HOSTEL

(For the year:.....and Admission No.....)

(To be completed by the school)

1. Surname & Name of application:.....
3. Home Address of application:
.....
2. Current Grade:..... Gender: male female his/her health : good..... fair.....bad.....
4. Any health problem(s) we should know of: if yes, describe.....
5. I.D. Number:.....Age:.....
6. Distance from home to school by shortest road route :
7. Surname and first name(s) of parent or guardian
.....
- 8.

FATHER/GUARDIAN/RESPONSIBLE PERSON		MOTHER/RELATIVE
Surname		
Name		
Relationship		
Home Address
Telephone Number (H)		
Telephone Number		
Cellphone Number		
Alternative contact details:		
Name of employer
Occupation		
Salary income		
(Attach salary advice – compulsory)		

9. Name of doctor:.....
10. Address of doctor:.....

12. Telephone number of doctor:.....

11. Medical Aid Name:.....Number:.....

Give details of any allergies, dietary requirements, medical conditions we should know about:

.....
.....

UNDERTAKING BY THE PARENT/GUARDIAN/RESPONSIBLE PERSON:

I, (Print name and surname)..... the undersigned, hereby undertakes to:

1. Pay the prescribed boarding fee every term in advance.
2. Give a terms notice before terminating my child's residence at the
3. Pay all damages to hostel property incurred by my
4. Abide by all hostel rules and regulations, set to and for me and my child.

.....
SIGNATURE OF PARENT/GUARDIAN

.....
DATE

FOR OFFICE USE ONLY

Approved/Not Approved

Signature:.....

.....
DATE

If not approved, state reasons:.....

.....
.....

.....
NAME OF PRINCIPAL

.....
SIGNATURE OF PRINCIPAL

.....
DATE