



Douwkamma

APPLICATION FOR ADMISSION TO HOSTEL

For the year _____

Admission no: _____

(To be completed by school.)

1. Name and surname of applicant _____

2. ID number: _____ Age: _____

3. Home address of applicant _____

4. Name & address of school admitted to. PAUL SAUER HS, 11 KEET STREET, KAREEDOUW, 6400

5. Grade: _____

Gender (male / female): _____

His/ her health (good/fair/bad): _____

6. Give details about any allergies and health conditions we should know about:

7. Distance from home to school via shortest route: _____ km.

8. Parent/Guardian Information:

	Father / Guardian	Mother / Relative
Surname		
Name		
Relationship		
Home address		
Telephone number (h)		
Telephone number (w)		
Cell phone number		
Alternative contact details		
Name of employer		
Address of employer		
Occupation		
Salary income (Attach salary advice/affidavit)		

9. Name of doctor: _____ Tel nr: _____
Address of doctor: _____
Name of Medical aid: _____ Medical aid nr: _____

UNDERTAKING BY PARENT / GARDUAIN / RESPONSIBLE PERSON

I, (Print name and surname) _____ hereby undertake to:

1. Pay the prescribed boarding fee of R_____ every month in advance.
2. Give one month's notice before terminating my child's residence at the hostel.
3. Pay all damages to hostel property incurred by my child.
4. Abide by all hostel rules and regulations, set out to 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

DATE