

EXCELSIOR HOSTEL

Application: 2019 Academic Year

FULL TIME BOARDING = (Including weekends)

WEEKLY BOARDING = (Excluding weekends)

LEARNER

Surname: Gender: Grade in 2019:
First Name: Date of Birth (yyyy/mm/dd): / /
Full Names:
RSA ID No.: Denominations / Churches which learner may attend:
Pasport No.:
Cell no:

PARENT / GUARDIAN:

Surname (Father): Physical Address:
Initial(s):
Title:
Tel (Home): Postal Address:
Tel (Work): Town:
Tel (Fax): Postal code:
Tel (Cell): E-mail (Father):

Surname (Mother): Physical Address:
Initial(s):
Title:
Tel (Home): Postal Address:
Tel (Work): Town:
Tel (Fax): Postal code:
Tel (Cell): E-mail (Father):

PERSON RESPONSIBLE FOR PAYMENT OF ACCOUNT

Surname: Physical Address:
Initial(s):
Tel (Home): Postal Address:
Tel (Work): Town:
Tel (Fax): Postal code:
Tel (Cell): E-mail:

MEDICAL INFORMATION

Name of Medical Aid:

Medical Aid Number:

Principal member:

ID - Principal Member:

Allergies / Medical History/Specific Medical Problems

Person responsible for medical account:

Surname: Full Names:

Relation to learner:

Employer: Address: Tel. :

IN CASE OF EMERGENCY

May your son / daughter be taken to hospital? Yes / No

May your son / daughter be taken to the doctor? Yes / No

DETAILS ABOUT OWN MEDICAL DOCTOR

Initials(s):

Tel (Surgery):

Surname:

Tel (Emergency):

DECLARATION BY PARENT/GUARDIAN

1. CODE OF CONDUCT AND HOSTEL RULES

A copy of the Code of Conduct has been made available to me and I undertake to ensure that my son/daughter abides by the Excelsior Hostel/Arts Academy's Code of Conduct.

2. PAYMENT OF HOSTEL FEES (Please read the following carefully)

1. By enrolling my child at the Excelsior Hostel, I acknowledge that I am legally liable for the full Quarterly fee payable in advance every term on the first day of stay. I understand the money is needed to purchase food and other necessities, since no purchases are done on credit.
2. Should I fail to fulfill my obligation, I authorize the Excelsior Hostel to take the necessary steps to recover the money and I agree to abide by any decision the Excelsior Hostel may make in this regard, including a decision to charge interest and/or collection fees.
3. I understand that my child will not be allowed back into the Hostel should I fail to fulfill my obligations.
4. I will pay a deposit for breakage to the amount of R200-00.
5. I give permission that my child may be transported by staff members of the school or hostel at his/her own risk.
6. If my child is a full time boarder, he/she may not leave the hostel during weekends unless I give my personal consent.
7. If my child is a weekly boarder, he/she will not stay at the hostel during weekends. If it is required for him/her to stay, I will pay an additional amount of R200 per weekend.
8. I declare that all information provided in this application is true and correct.

DATE

E	E	J	J	M	M	D	D
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SIGNATURE OF PARENT/GUARDIAN