

# EXCELSIOR HOSTEL

Application: 2023 Academic Year

FULL TIME BOARDING = (Including weekends)

WEEKLY BOARDING = (Excluding weekends)

## LEARNER

Surname:  Gender:  Grade in 2023:   
First Name:  Date of Birth (yyyy/mm/dd):  /  /   
Full Names:   
RSA ID No.:  Denominations / Churches which learner may attend:  
Paspoort 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.
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

Y	Y	Y	Y	M	M	D	D
2	0						

SIGNATURE OF PARENT/GUARDIAN