



APPLICATION FOR HOSTEL ADMISSION

GENERAL SMUTS HIGH SCHOOL

PO BOX 320 VEREENIGING 1930

*NB: Complete and return this application form together with a copy of your childrens latest school report and a testimonial from you childs previous school principal.

Copy of child's Birth Certificate		←
Copies of both Parents/Guardian's ID		←
Copy of Medical Aid Card		←

FOR OFFICE USE ONLY	
Entry Date	
Pastel Acc. No.	
Grade & Class	
Laundry No.	

LEARNER PLEASE TELL US ABOUT YOURSELF

Name of previous school		Expected grade for next year (2018)	
Surname		What grade are you in now? (2017)	
Full Names (as given on your birth certificate)			
ID Number		Date of birth	
Gender	Male	Female	
Any BROTHER(S) and/or SISTER(S) attending Gen Smuts H/S at present? If so whom? (Not cousin/s)			
Name & Surname		Grade	

PARENT / GUARDIAN PLEASE TELL US ABOUT YOURSELF

FATHER / GUARDIAN:

Surname	Title: Dr/Rev/Mr	
Full Name(s)	Initials	
ID Number		
Occupation		
Company/Employer's Name		
Company Address	Code	

MOTHER / GUARDIAN:

Surname	Title: Dr/Rev/Mrs	
Full Name(s)	Initials	
ID Number		
Occupation		
Company/Employer's Name		
Company Address	Code	

PHONE NUMBERS:

Home (Dad)	code	Home (Mom)	code
Work (Dad)	code	Work (Mom)	code
Cell. (Dad)		Cell. (Mom)	

Postal Address:		Street / Residential Address: (NOT BOX)	
Province		Province	
Postal Code		Postal Code	
E-mail address		E-mail address	

RELIGION: DENOMINATION:

Any special wish of parents:

EXTRA MURAL ACTIVITIES:

I OBJECT / I HAVE NO OBJECTION to my child reasonably participating in the extramural activities of the school / hostel.

MEDICAL INFORMATION: Please ensure that we have a certified copy of both sides of the Medical Aid Card. and a copy of the Identity Document of the main member of the Medical Aid

Medical Aid Name	
Medical Aid Number	
Main member ID number	

MEDICAL CONSENT FORM:

In extremely urgent cases of illness or an accident where I cannot be consulted in time, I give my consent that: - The Headmaster, Senior Hostelmater/mistress or his / her deputy may take the necessary steps to call the best available doctor, or take the child to hospital, and should a practicing physician regard an emergency operation essential, he / she may give his / her written permission thereto on my behalf. I WILL BE RESPONSIBLE FOR ALL COST.

CHILD / CHILDREN'S STATE OF HEALTH: Please indicate any special handicaps or ailments

Should it be at any time be impossible to contact a parent directly, you may contact the following person/s:

Name:		Address:	
Relationship:			
Telephone Number:			
Name:		Address:	
Relationship:			
Telephone Number:			

UNDERTAKING BY PARENT / GUARDIAN / PROXY

HOSTEL REGULATIONS AND RULES

1 I AM AWARE OF THE FACT THAT MY CHILD'S ADMISSION IS SUBJECT TO DEPARTMENTAL HOSTEL REGULATIONS, AS WELL AS TO THE RULES OF THE HOSTEL, AS SET OUT UNDER THE CODE OF CONDUCT IN THE HOSTEL PROSPECTUS.

I am prepared to comply with the above-mentioned and undertake to: -

- a Pay the boarding fees regularly and in advance every term
- b Give a term's notice in writing before I remove my child from the hostel
- c Compensate for any damage to hostel property caused by my child, whatever it may be

2 TRANSPORT

I am aware of the fact that the hostel is closed during compulsory out weekends and school holidays and that it is my responsibility to provide transport for my child to and from the hostel at my own expense, even if admission should be refused to him / her for legitamite reasons. Should I fail to provide transport for my child, the responsible officer may make reasonable arrangements for such transport and recover the costs from me.

I undertake to notify the responsible officer immediately of any change in my marital state and / or residential or business address,

3 or if I, for some reason or other, do not want to make use of the accommodation any longer. I undertake to abide by the rules, regulations and conditions.

4 I undertake NOT to sue the school, hostel or staff for any damages should my child (ren) be injured in sport or in extramural activities to which I consented.

I DECLARE THE INFORMATION FURNISHED ABOVE BY ME, TO BE TRUE AND CORRECT.

DATE: _____ SIGNATURE: Parent / Guardian or Proxy: _____