

Lowveld High Hostel

Figtree Street, West Acres, Nelspruit
 P O Box 8844, Sonpark 1206
 Email: admin@lowveldhigh.org.za



Tel: 013 7411041
 Fax: 013 7411537

HOSTEL APPLICATION FORM 2020

| | | | | | | | |
|--|----------|-----------------------------|------------------|---------------------|----------|--------------|--------|
| Surname of boarder: | | | Name of boarder: | | | | |
| Cell No of boarder: | | | Admin No: | | Reg. No: | | |
| Do you have other children in the Hostel/School? | | Y | N | Grade applying for: | | TERMLY | WEEKLY |
| ***Name & Surname of person responsible for Hostel payment: | | | | | | | |
| Father | | PARENT(S) DETAILS | | | Mother | | |
| Father | Guardian | (Relationship to child) | | | Mother | Guardian | |
| | | Surname | | | | | |
| | | Full Names | | | | | |
| | | Biological Parent – Y / N | | | | | |
| | | ID Number | | | | | |
| | | Marital Status | | | | | |
| | | Employer | | | | | |
| | | Work Tel No | | | | | |
| | | Cell No | | | | | |
| | | Email Address | | | | | |
| *** Are any of the Parents Deceased?? (please mark below with a X) *** | | | | | | | |
| None | | Only Father | | Only Mother | | Both Parents | |
| PLEASE SUPPLY TWO CONTACT PERSONS (Not Parents) | | | | | | | |
| | | Name & Surname | | | | | |
| | | Relationship to Parent | | | | | |
| | | Physical Address | | | | | |
| | | Employer | | | | | |
| | | Cell No | | | | | |
| LEARNER DETAILS | | | | | | | |
| | | Surname | | | | | |
| | | Full Names | | | | | |
| | | Preferred Name | | | | | |
| | | Gender | | | | | |
| | | Date of Birth | | | | | |
| | | ID No of learner | | | | | |
| | | Grade Applied for | | | | | |
| | | Current School | | | | | |
| | | Physical Address of Learner | | | | | |

| | |
|---|--|
| Medical Aid Name | |
| Med Aid Number | |
| Name of Main member | |
| Name of house Doctor | |
| Contact details of Doctor | |
| NB: State here any particulars/other notes in connection with your child's state of health/allergies and/or any activities in which he/she may not participate. | |

*****NB: AGREEMENT BY PARENT / LEGAL GUARDIAN / SPONSOR (PLEASE TAKE NOTE!!!)**

I am aware that my child's admission to the Hostel is subject to Governing Body regulations as well as the rules of the Hostel.

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

1. PAY A ONCE OFF REGISTRATION FEE OF R2000.00 (NON REFUNDABLE)
2. PAY THE BOARDING FEES AS ADVISED, **TERMLY IN ADVANCE (NO PAYMENT, NO ADMISSION)**
3. GIVE ONE (1) TERM'S NOTICE BEFORE REMOVING THE CHILD FROM THE HOSTEL, OR ONE TERM'S FEES IN LIEU THEREOF!
4. COMPENSATE FOR ANY DAMAGE TO HOSTEL PROPERTY CAUSED BY MY CHILD, WHATEVER IT MAY BE.
5. **THAT SHOULD MY CHILD BE SUSPENDED/EXPELLED FROM THE HOSTEL FOR WHATEVER REASON, I WILL NOT BE REFUNDED ANY MONIES THAT HAVE BEEN PAID!!!**

I, parent of _____ who has been accepted as a boarder at Lowveld High School, understand and accept:

1. I have put my child in the Hostel because I live too far from Nelspruit for him/her to travel to school as a day scholar.
2. That should my child leave the Hostel for whatever reasons, HE/SHE WILL IMMEDIATELY BE TRANSFERRED TO THE HIGH SCHOOL CLOSEST TO MY PLACE OF RESIDENCE.

I am aware that the hostel is CLOSED during the school holidays and weekends, and that is my responsibility to provide transport for my child to and from the Hostel at my cost, even if admission should be refused to him/her for legitimate 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.

*****NB: CHECK LIST - PLEASE ATTACH ALL THE DOCUMENTS LISTED BELOW!!!!!!!**

| | | | | | | | | | |
|--------------|--|----------|--|------------------------------------|--|-------------|--|----------------------------------|--|
| Med Aid Copy | | ID Pupil | | Latest Report & School Fee Account | | Testimonial | | Proof of Income for BOTH parents | |
|--------------|--|----------|--|------------------------------------|--|-------------|--|----------------------------------|--|

NB: Please list any chronic medication that your child is currently taking:-

| | |
|---|-------|
| Signature Parent/Guardian/Sponsor: | Date: |
|---|-------|

*****I have read and understand the contents of this Hostel Application and will remove my child from the school if he/she is expelled from the Hostel. No refunds will be made for the remainder of the term as a result of expulsion.**

Signature: _____

Date: _____