

APPLICATION FOR ADMISSION TO

**BOSHOFF HOUSE**  
**STIRLING HIGH SCHOOL**

FROM THE YEAR 20\_\_\_\_\_

**Note:** This form must be completed in full. All changes to be initialled or signed by parent / guardian. Completing the form does not necessarily mean that the pupil has been accepted.

**INFORMATION IN RESPECT OF PUPIL:**

Surname		Initials		Nickname	
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First Name		Other Names	
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Date of Birth	YYYY		MM		DD		Gender	Male	Female
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Identification No		Religion	
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Current School		Current Grade	
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Will pupil be a Weekly or Termly boarder?

Pupil's Email Address		Pupil's Cell Number	
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Please indicate any Dietary requirements:

**MEDICAL INFORMATION:**

Illnesses pupil has had (please underline):  
Measles; Mumps; German Measles; Whooping Cough; Chicken Pox; Rheumatic Fever;

Indicate other illnesses which the pupil has, or has suffered from (e.g. Epilepsy):

Operations undergone (date and nature):

Illnesses immunised against (please underline):  
Tuberculosis (B.C.G.); Diphtheria; Whooping Cough; Tetanus; Measles; German Measles; Mumps; Polio

Date of last Tetanus Injection:

Medical Aid Name		Medical Aid Number	
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Medical Aid Levies to be paid?	Yes		No	
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Doctor in East London		Tel No.	
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Dentist in East London		Tel No.	
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Pharmacy		Tel No.	
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**SPORT AND CULTURE**

Pupils are expected to participate in one summer and one winter sport. Please list preferred involvement and achievements:

Summer:	Winter:
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Cultural Activities and Interests:

Leadership Positions held:

**FAMILY DETAILS**

Number of children in family		Pupil's position in family (1st / 2nd child etc.)	
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Details of other children still at school:

Name(s)	
School & Grade	

**Father / Guardian / Step-Father**

Surname		First Name(s)	
Occupation			
Employer Name and Address			
Tel No. (H)	(W)	(C)	
Email			
Postal Address			
Residential Address			

**Mother / Guardian / Step-Mother**

Surname		First Name(s)	
Occupation			
Employer Name and Address			
Tel No. (H)	(W)	(C)	
Email			
Postal Address			
Residential Address			

**PERSON RESPONSIBLE FOR BOARDING FEE PAYMENT**

Surname		First Name(s)	
Physical Address			
Email			
Signature			

**BOSHOF HOUSE BANKING DETAILS:**  
ABSA  
Account Number 1023932047  
Branch Code 632005

**GENERAL**

1. I, the undersigned parent/guardian of the above-mentioned child undertake:-
  - 1.1 in the event of this application being successful, to ensure my child abides by the internal rules of Boshoff House;
  - 1.2 to pay the full boarding fees at the beginning of each term direct to Boshoff House banking account;
  - 1.3 to give written notice of one term in advance of my intention to remove my child, except in cases where the committee has accepted shorter notice, and if I fail to comply herewith, to accept liability for the full boarding fees for the child in respect of which notice should have been given and which amount shall be immediately due, owing and payable;
  - 1.4 and accept that if school fees are not up to date and hostel fees are not paid in advance for the following term, my child may not return to the hostel;
2. The hostel does not accept liability for any loss or damage to personal effects of pupils, irrespective of how such loss or damage is caused.
3. The Hostel Superintendent stands in loco parentis to all pupils in the hostel and is hereby empowered to act as such as my agent in all emergencies and medical or other matters.

Signature of Parent/Guardian \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_