

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					
First Name		Other Names							
Date of Birth	YYYY		MM		DD		Gender	Male	Female
Identification No						Religion			
Current School						Current Grade			
Will pupil be a Weekly or Termly boarder?									
Pupil's Email Address						Pupil's Cell Number			
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.); Diptheria; Whooping Cough; Tetanus; Measles; German Measles; Mumps; Polio									
Date of last Tetanus Injection:									
Medical Aid Name						Medical Aid Number			
Medical Aid Levies to be paid?		Yes		No					
Doctor in East London						Tel No.			
Dentist in East London						Tel No.			
Pharmacy						Tel No.			

SPORT AND CULTURE

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

Summer:	Winter:
---------	---------

Cultural Activities and Interests:

Leadership Positions held:

FAMILY DETAILS

Number of children in family		Pupil's position in family (1st / 2nd child etc.)	
------------------------------	--	---	--

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			

BOSHOFF 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 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 _____