

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.); Diphtheria; 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 | | Tel No. | |
|-----------|--|---------|--|

BOSHOFF HOUSE BANKING DETAILS:
FIRST NATIONAL BANK (FNB)
Current Acc Number 63153978566
Branch Code 210554

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.
4. Protection of Personal Information (POPI) Act:
 - 4.1 I / We consent that Boshoff House collects, stores and updates personal information of me / us and my / our child;
 - 4.2 I / We consent that Boshoff House may provide the information to an authorised representative for a lawful purpose only;
 - 4.3 I / We give consent that the information provided be confirmed and updated where necessary by Boshoff House or their authorised representative.

Signature of Parent/Guardian _____ Print Name _____ Date _____