



# HOËRSKOOL HOPEFIELD

Hoof/Principal: Wehan Fourie  
Posbus / PO Box 23  
HOPEFIELD, 7355  
E-pos / E-mail: [hsh@sandveld.net](mailto:hsh@sandveld.net)  
Webtuiste / Website: [www.hshopefield.co.za](http://www.hshopefield.co.za)

OFFICE USE ONLY

ACC NO:

## HOSTEL APPLICATION FORM

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1. The completed form shall be kept for as long as the pupil remains in the hostel and thereafter for as long as boarding fees are owing by the parents / guardians.
2. In cases where debts are transferred to Debt Collectors, this form and other applicable correspondence must accompany the application for transfer.
3. The forms shall be kept in one cover in numerical order according to the admission.

1. **Name of Hostel:** Girls: Huis Eureka  Boys: Huis Walters
2. Full name of student: \_\_\_\_\_  
Date of birth: \_\_\_\_\_
3. Name of current school \_\_\_\_\_ Current Grade: \_\_\_\_\_
4. Date on which admission is desired: \_\_\_\_\_
5. **Particulars regarding parent / guardian (2nd parent)**
  - 5.1. Full Name: \_\_\_\_\_
  - 5.2. Residential Address: \_\_\_\_\_
  - 5.3. Postal Address: \_\_\_\_\_
  - 5.4. E-mail: \_\_\_\_\_
  - 5.5. ID Number: \_\_\_\_\_
  - 5.6. Tel Nr: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (CELL) \_\_\_\_\_
  - 5.7. Occupation: \_\_\_\_\_
  - 5.8. Name and address of employer: \_\_\_\_\_
  - 5.9. Name of medical aid: \_\_\_\_\_ Member nr.: \_\_\_\_\_

6. **Particulars regarding parent / guardian (2nd parent)**

6.1. Full name; \_\_\_\_\_

6.2. Residential Address: \_\_\_\_\_

6.3. Postal Address: \_\_\_\_\_

6.4. E-mail: \_\_\_\_\_

6.5. ID Number: \_\_\_\_\_

6.6. Tel Nr: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (CELL) \_\_\_\_\_

6.7. Occupation: \_\_\_\_\_

6.8. Name and address of employer: \_\_\_\_\_

6.9. Name of medical aid: \_\_\_\_\_ Member nr: \_\_\_\_\_

7. Does the pupil have any health or physical problems? If so, specify:

\_\_\_\_\_  
\_\_\_\_\_

8. Previous operations with dates: \_\_\_\_\_

\_\_\_\_\_

9. I hereby give permission for the hostel staff to give the necessary medication to my child when necessary.

Allergies: (Food/Medication/Other)

Specify: \_\_\_\_\_

9.1. Underline diseases which pupil already had:

***Measels / German Measels / Whooping Cough / Chickenpox / Mumps / Scarlet Fever /  
Diphtheria / Rheumatic Fever***

9.2. State any other illnesses not mentioned above, from which pupil has suffered:

\_\_\_\_\_

9.3. Underline diseases against which learner has been immunized:

***Poliomyelitis / Diphtheria / Whooping Cough / Tetanus / Tuberculosis (BCG) /  
Measels / German Measels / Mumps***

9.4. Name of doctor to be called during illness: \_\_\_\_\_

Tel NO: \_\_\_\_\_

10. Religious denomination: \_\_\_\_\_

**11. Declaration and undertaking by parent / guardian:**

- 11.1 I, the undersigned parent / guardian of the abovementioned child, hereby declare that the particulars we furnished, are to the best of my knowledge correct, and undertake –
- 11.1.1 in the event of this application being successful and my child not making use of the accommodation, to accept liability for the full boarding fees for one month unless the committee having general supervision of the hostel decides otherwise;
- 11.1.2 in the event of this application being successful and my child making use of the accommodation from a date later than mentioned in paragraph 4 above, to accept liability for the full boarding fees from the date listed in paragraph 4 above, unless the said committee decides otherwise;
- 11.1.3 to give written notice not less than one calendar month 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 of the child until the end of the month in respect of which should have been given;
- 11.1.4 to pay the boarding fees payable, as fixed by the Department and/or School Governing Body from time to time, monthly in advance, and;
- 11.1.5 to abide by the internal rules of the hostel.
- 11.2 The Superintendent stand in loco parentis to all pupils in the hostel and is hereby authorised to act as such as my agent in all emergencies and medical or other matters

**Please note:**

- 1. In terms of the rules raising to hostels a boarder whose boarding fees for any particular month have not been paid at the end of the month shall be excluded from the hostel from the beginning of the next succeeding month and may not be re-admitted until the arrear boarding fees have been paid.**
- 2. The Department and/or HSH does not accept liability for any loss or damages to the personal belongings of boarders. Irrespective of how such loss or damage is caused.**
- 3. Parents are very strongly advised to insure their children's possessions against fire, theft, etc.**

\_\_\_\_\_  
**SIGNATURE OF PARENT**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**WITNESS 1**

\_\_\_\_\_  
**WITNESS 2**