

HOËRSKOOL BEKKER

PRIVATE BAG X5002
MAGALIESBURG
1791



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APPLICATION FOR ADMISSION TO HOËRSKOOL BEKKER HOSTEL (NOT FOR DAY SCHOLARS) OFFICE USE ONLY (FIRST ADMISSION)

ACCEPT <input type="checkbox"/>	WAITING LIST <input type="checkbox"/>	DEPOSIT PAID <input type="checkbox"/>	PARENTS CONTACTED <input type="checkbox"/>	ADMISSION LETTER POSTED <input type="checkbox"/>
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NB THE FORM MUST BE COMPLETED IN FULL BY THE PARENT/GUARDIAN/PROXY AND HANDED IN AT THE SCHOOL WHICH THE PUPIL ATTENDS AT PRESENT.

A. 1. THIS APPLICATION IS FOR THE SCHOOL YEAR 2012.

SURNAME AND FIRST NAME OF PUPIL:

B. PARTICULARS OF PARENT/GUARDIAN/PROXY

1. SURNAME:

2. FIRST NAMES (IN FULL):

3. SOUTH AFRICAN CITIZEN: * Yes No IF NO, NAME COUNTRY OF ORIGIN

4. IDENTITY NUMBER:

5. PRESENT ADDRESS:

RESIDENTIAL:

POSTAL ADDRESS:

WORK:

6. ALL CORRESPONDENCE SHOULD BE ADDRESSED TO * MY POSTAL ADDRESS /

WORK ADDRESS

7. TELEPHONE HOME WORK:

CELL FATHER: MOTHER:

E-MAIL ADDRESS:

8. OCCUPATION FATHER:

OCCUPATION MOTHER:

9. STATE WHETHER MARRIED, WIDOWED OR DIVORCED:

10. THE APPLICANT IS THE * PARENT/LEGAL GUARDIAN/PROXY:

11. IF THE APPLICANT IS NOT THE PARENT OR LEGAL GUARDIAN BUT THE PROXY,

A DID THE PARENTS/GUARDIAN AUTHORIZE THE APPLICANT TO PLACE THE PUPIL IN A HOSTEL AND WILL THEY ACCEPT RESPONSIBILITY FOR THE PAYMENT OF HOSTEL FEES **IN ADVANCE**? YES NO

B IS A WRITTEN STATEMENT ACCEPTING RESPONSIBILITY FOR THE **ADVANCE PAYMENT** OF HOSTEL FEES AVAILABLE? YES NO

NB: IF NOT, THE APPLICANT WILL BE HELD RESPONSIBLE FOR PAYMENT OF HOSTEL FEES UNTIL SUCH TIME AS THE WRITTEN STATEMENT HAS BEEN SUBMITTED).

C REASON WHY THE PUPIL(S) SHOULD BE ADMITTED TO A HOSTEL:

1. WE ARE NOT WITHIN REACH OF A SCHOOL OR SCHOOL BUS ROUTE.

2. LIVING AT HOME WOULD BE DETRIMENTAL TO THE EDUCATION OF MY CHILD(REN) BECAUSE

3. ALTHOUGH ACCOMMODATING MY CHILD(REN) AT HOME WILL NOT BE DETRIMENTAL TO HIM/HER/THEM, I NEVERTHELESS PREFER A HOSTEL EDUCATION BECAUSE

D PARTICULARS OF PUPIL(S):

		1	2	3
1 (A)	SURNAME			
(B)	FIRST NAME			
(C)	MALE/FEMALE			
(D)	DATE OF BIRTH			
(E)	PRESENT GRADE			
(F)	PRESENT SCHOOL			

2. IF A SEPARATE APPLICATION IS MADE TO PLACE BROTHERS/SISTERS OF THE ABOVE PUPIL INTO A DIFFERENT HOSTEL, PLEASE STATE THE NAME OF THE SCHOOL:

3. **EXTRAMURAL ACTIVITIES:**
I OBJECT/HAVE NO OBJECTION TO MY CHILD PARTICIPATING IN THE EXTRAMURAL ACTIVITIES OF THE SCHOOL:

4. **MEDICAL TREATMENT:**

A WHICH CONTAGIOUS DISEASES HAS THE PUPIL HAD?

B I UNDERSTAND THAT THE HOSTEL FEES DO NOT COVER THE COST OF MEDICAL TREATMENT. THE HOSTEL STAFF TAKE CARE OF HOME NURSING TO THE BEST OF THEIR ABILITY, MAKING USE OF THE MEDICINE WHICH IS AVAILABLE IN THE HOSTEL.

C IN THE EVENT OF ILLNESS OR AN ACCIDENT WHERE, IN THE OPINION OF THE RESPONSIBLE OFFICER, MEDICAL TREATMENT WILL BE NECESSARY FOR MY CHILD AND WHERE I CANNOT BE NOTIFIED IN TIME, I WANT THE FOLLOWING DOCTOR TO BE CALLED:

(I) THE DISTRICT SURGEON, AS I AM DESTITUTE:

(II) MY FAMILY DOCTOR, NAMELY DR

(III) A LOCAL DOCTOR BECAUSE THE HOSTEL IS TO FAR FROM MY HOME DOCTOR TO VISIT HIM/HER

[Empty box]

WHOSE ACCOUNT FOR TREATMENT AND PRESCRIBED MEDICINE MUST BE FORWARDED TO ME FOR PAYMENT.

D IN EXTREMELY URGENT CASES OF ILLNESS OR AN ACCIDENT WHERE I CANNOT BE CONSULTED IN TIME, I GIVE MY CONCERN THAT:

- (I) THE SENIOR HOUSEMASTER/-MISTRESS OR HIS/HER DEPUTY MAY TAKE THE NECESSARY STEPS TO CALL THE BEST AVAILABLE DOCTOR, OR TAKE THE CHILD TO HOSPITAL AND, SHOULD A PRACTISING PHYSICIAN REGARD AN EMERGENCY OPERATION ESSENTIAL, HE/SHE MAY GIVE HIS/HER WRITTEN PERMISSION FOR IT ON MY BEHALF; AND
- (II) I WILL BE RESPONSIBLE FOR THE COSTS. [Empty box]

5. THE CHILD'S STATE OF HEALTH, HANDICAPS OR AILMENTS:

[Empty box]

6. SHOULD IT AT ANY TIME BE IMPOSSIBLE TO CONTACT ME DIRECTLY, YOU MAY CONTACT THE FOLLOWING FRIENDS/RELATIVES: (NAME AND TELEPHONE NUMBER PLEASE).

[Empty box]

E. UNDERTAKING BY PARENT/GUARDIAN/PROXY:

1. **HOSTEL REGULATIONS AND RULES:**

I AM AWARE THAT MY CHILD'S ADMISSION IS SUBJECT TO THE RULES OF THE HOSTEL;

I AM PREPARED TO COMPLY WITH THE ABOVE AND UNDERTAKE TO:

- A PAY THE SCHOOL AND HOSTEL FEES REGULARLY AND IN ADVANCE, EVERY TERM;
- B GIVE A TERM'S NOTICE BEFORE I REMOVE MY CHILD FROM THE HOSTEL AND
- C COMPENSATE FOR ANY DAMAGE(S) TO HOSTEL PROPERTY CAUSED BY MY CHILD, WHATEVER IT MAY BE.

2. **TRANSPORT:**

I AM AWARE THAT THE HOSTEL IS CLOSED DURING WEEKENDS AND SCHOOL HOLIDAYS AND THAT IT IS MY RESPONSIBILITY TO PROVIDE TRANSPORT FOR MY CHILD TO AND FROM THE HOSTEL AT MY OWN EXPENSE, EVEN IF ADMISSION SHOULD BE REFUSED TO HIM/HER FOR LEGITMATE REASONS. SHOULD I FAIL TO PROVIDE TRANSPORT FOR MY CHILD, THE RESPONSIBLE OFFICER MAY MAKE REASONABLE ARRANGEMENTS FOR SUCH TRANSPORT AND RECOVER THE COST FROM ME.

3. I UNDERTAKE TO NOTIFY THE RESPONSIBLE OFFICER IMMEDIATELY OF ANY CHANGE IN MY MARITAL STATE AND/OR RESIDENTIAL OF BUSINESS ADDRESS, OR IF I, FOR SOME REASON OR OTHER, DO NOT WANT TO MAKE USE OF THE ACCOMMODATION ANY LONGER. I UNDERTAKE TO ABIDE BY THE RULES, REGULATIONS AND CONDITOINS. I UNDERTAKE NOT TO SUE THE SCHOOL, HOSTEL OR STAFF FOR ANY DAMAGES SHOULD MY CHILD(REN) BE INJURED IN SPORT OR IN EXTRAMURAL ACTIVITIES TO WHICH I CONSENTED.

4. I FULLY UNDERSTAND THAT THE HOSTEL STAFF CANNOT BE HELD RESPONSIBLE FOR ANY LOSS OF PERSONAL BELONGINGS OF MY CHILD(REN), BE IT THROUGH NEGLIGENCE OR THEFT.

5. I DECLARE THE INFORMATION FURNISHED ABOVE TO BE TRUE AND CORRECT.

DATE [Empty box]

[Empty box]

SIGNATURE OF PARENT/GUARDIAN/PROXY

1. [Empty box]

WITNESS:

2. [Empty box]

*** DELETE WHAT IS NOT APPLICABLE**

1. [Empty box]

1. [Empty box]

2. [Empty box]

DATE 2. [Empty box]

HOËRSKOOL BEKKER FAX NUMBER 086-550-2299

A DETAILED CONFIDENTIAL REPORT BY THE PRESENT PRINCIPAL

	1	2	3
NAME OF PUPIL			
MALE / FEMALE			
DATE OF BIRTH			
PRESENT GRADE			
PRESENT SCHOOL			
CONTACT NUMBER OF SCHOOL			
HOME LANGUAGE			

1. SCHOLASTIC PROGRESS AT SCHOOL (LATEST EXAM MARKS)

AFRIKAANS			
ENGLISH			
2. AVERAGE			
3. YEARS FAILED			
4. I.Q. (IF AVAILABLE)	NV	NV	NV
	V	V	V
	T	T	T

5. BEHAVIOUR: HAS THIS PUPIL BEEN GUILTY OF SERIOUS OFFENCES (SMOKING, LIQUOR, FORBIDDEN SUBSTANCES) OR ANY BEHAVIOURAL PROBLEMS? IF SO, PLEASE DESCRIBE.

5.1

5.2

5.3

6. EXTRAMURAL ACTIVITIES:

6.1 SPORTS THE PUPIL TAKES PART IN			
6.2 ACHIEVEMENTS			

7. OUTSTANDING SCHOOL FEES? REASON? YES NO

8. HOSTEL: WHY WOULD THIS PUPIL BENEFIT FROM A HOSTEL?

8.1

8.2

8.3

SIGNATURE: PRINCIPAL

DATE

SCHOOL STAMP