NCED- 31 E

DEPARTMENT OF EDUCATION

DEPARTEMENT VAN ONDERWYS

LEFAPHA LA THUTO

ISEBE LEZEMFUNDO

Frances Baard District 9 Hayston Road Hadison Park KIMBERLEY 8301

Private Bag X 5041 KIMBERLEY 8300 Republic of South Africa www.ncedu.gov.za Tel No: 053 830 1600

APPLICATION FOR ADMISSION TO A HOSTEL

NB: Inis form shall be comple	eted by parents o	f learners who	meet the	e admiss	ion crites	ria	
NAME OF HOSTELISMON O			ADMI	ADMISSION NUMBER APPEARING IN ADMISSION REGISTER			
			W1891 /************************************	*********			
	EARNER INFO	ORMATION					
Gender: (Make a cross in relevant b	olock) BOY		GIRL				
Surname: Full Names:							
Date of birth:							
ID number:							
Name of present school:							
Present grade:							
Date on which admission is required	•						
Province:							
Distance to the nearest suitable scho	ool:						
	UARDIAN INFO	PMATION (A)	laka a an		1		
	OTHER	TOTA (IV	GAL GA	BOLAN	levant blo	ock)	
Surname:			DAL GA	NEWIA			
Full Names:							
ID number:				-			
Occupation :					3.7	-	
Annual Income:					122		
Residential address:							
Dortol address:		(Pos	tal Code):			
Postal address:							
Telephone no. (home)		(Pos	tal Code):			
(work)	+						
(Cellular number)	-						
	ERSON IN CAS	E OF EMERO	ENOV				
NAME:	CONTAC	CT NUMBER:	ENCY			—	
EMF	PLOYERS INFO	RMATION					
varrie or employer;							
Address of employer:							
-feebese	2.5	(Postal	Code):				
elephone no:							
ax no : Cellular number	 		-				
Chara Harring							

MEDICAL PROFILE						
Name of medical aid or Hospital/Clinic;						
Medical Aid number or hospital/Clinic folder number:	- 1					
Telephone no: Fex no:						
Specify any health problems and/or physical handlcaps:						

Underline diseases which learner has had: Measles, German Measles, Chick Diphtheria, Rheumatic Fever and	annoy Mumas Contat Com					
State any other illness which the learner has suffered and not mentioned above						
Underline diseases which for learner has been immunised: Measles, German I						
DECLARATION AND UNDERTAKING BY PARI						
i, the undersigned parent / guardian of the above-mentioned child , hereby declare best of my knowledge correct, and undertake: in the event of this application being successful and my child making use for the full boarding fees for one school quarter ,unless the committee had decides otherwise; in the event of this application being successful and my child making use than the admission date, to accept liability for the full boarding fees from committee of the hostel decides otherwise; to give written notice not less than one school quarter in advance of my in cases where the committee has accepted shorter notice and , if I fall to confull boarding fees for the child until the end of the school quarter in respect to pay the boarding fees payable ,as fixed by the department from time to the by the internal rules of the hostel. The superintendant stands in loco parentis to all learners in the hostel and my agent in all emergencies and medical or other matters. NB. in terms of the rules relating to hostels a boarder whose boarding fees for at the end of that quarter shall be excluded from the hostel from the beginn may not be readmitted until the arrear boarding fees have been pald. The department does not accept liability for any loss or damage to the pers how such loss or damage is caused. Parents are very strongly advised to ensure their children's possessions as	of the accommodation, to accept liable ing general supervision of the hostel of the accommodation from a date later the date of admission unless the said attension to remove my child, except in apply herewith, to accept liability for the tof which notice should have been give time, quarterly in advance, and to abide is hereby empowered to act as such as any particular quarter have not been paining of the next succeeding quarter and onal effects of boarders, irrespective of gainst, fire, theft, etc.					
pplied for. I am not able to make provision for the education of earner), and that no information whatsoever has been withheld in regard to information whatsoever has been withheld in regard to information furnished in this application form is correct. I further undertake to it chool attended by the learner or the District Director concerned of any changes in home address. Date:	o my circumstances and that all the inform immediately the Principal of the regarding my financial circumstances					
gnature:						
FOR OFFICE USE						
Approved / Not Approved						
il Names of Principal	SCHOOL STAMP					
gnature of Principal:	OOLIGGE GIVIALE					
de.						