

APPLICATION FOR ADMISSION TO HOSTEL

HOUSE GRATIA

PRIVATE BAG X39
WELKOM
9460

House Master: JD van den Berg
Cell Phone: 083 294 0993
E-mail: gratia@htswelkom.co.za
Year:



LEARNER INFORMATION

Surname:	<input type="text"/>	Initials:	<input type="text"/>	Nick Name:	<input type="text"/>
First Name:	<input type="text"/>	Other Names:	<input type="text"/>		
Date of Birth:	<input type="text"/>	Gender:	Male: <input type="text"/>	Female:	<input type="text"/>
Race:	<input type="text"/>				ID or Passport nr
Country of Residence:	<input type="text"/>	Citizenship: <input type="text"/>			
If SA, indicate province of residence: <input type="text"/>					
Physical Address:	<input type="text"/>	Home Telephone:	<input type="text"/>		
<input type="text"/>	<input type="text"/>	Emergency Telephone:	<input type="text"/>		
City/Suburb:	<input type="text"/>	Learner Cell:	<input type="text"/>		
Code:	<input type="text"/>	Learner Email Address:	<input type="text"/>		
Home Language:	<input type="text"/>	Preferred Language of Instruction:	<input type="text"/>		

PARENT / GUARDIAN INFORMATION

Parent 1	<input type="text"/>	Gradian 1	<input type="text"/>		
Title:	<input type="text"/>	Initials:	<input type="text"/>	Surname:	<input type="text"/>
First Name:	<input type="text"/>	Gender:	Male: <input type="text"/>	Female:	<input type="text"/>
Home Language	<input type="text"/>	Race:	<input type="text"/>		
Identification or Passport No:	<input type="text"/>	Account Payer:	Yes <input type="text"/>	No	<input type="text"/>
Residential Street Address:	<input type="text"/>				
		City/Suburb:	<input type="text"/>	Code:	<input type="text"/>
Occupation:	<input type="text"/>	Employer:	<input type="text"/>		
Learner resides with this parent/s:	Yes <input type="text"/>	No	<input type="text"/>	Relationship to Learner:	<input type="text"/>
Marital Status of Parent:	<input type="text"/>				
Parent 2	<input type="text"/>	Gradian 2	<input type="text"/>		
Title:	<input type="text"/>	Initials:	<input type="text"/>	Surname:	<input type="text"/>
First Name:	<input type="text"/>	Gender:	Male: <input type="text"/>	Female:	<input type="text"/>
Home Language	<input type="text"/>	Race:	<input type="text"/>		
Identification or Passport No:	<input type="text"/>	Account Payer:	Yes <input type="text"/>	No	<input type="text"/>
Residential Street Address:	<input type="text"/>				
		City/Suburb:	<input type="text"/>	Code:	<input type="text"/>
Occupation:	<input type="text"/>	Employer:	<input type="text"/>		
Learner resides with this parent/s:	Yes <input type="text"/>	No	<input type="text"/>	Relationship to Learner:	<input type="text"/>
Marital Status of Parent:	<input type="text"/>				

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LEARNER MEDICAL INFORMATION

Medical Aid Number:		Medical Aid Name:	
Medical Aid Main Member:		Doctor's Name:	
Medical Condition and Allergies?			
Special Problems Requiring Counselling:			

The following documents must be submitted to the school with the application form:

Medical Aid Card Front
Medical Aid Card Back
Child Identity Document OR Birth certificate
Parents Identity Document (Main Member if you have Medical Aid)

CORRESPONDENCE DETAILS

Title:		Surname:	
Postal Address:			
	City/Suburb:		Code:

OTHER CONTACT DETAILS

Home Telephone Nr:		Cell Number:	
Fax Number:		Spouse Cell Number:	
Work Telephone Nr:		E-mail Address:	
Spouse Work Telephone Nr:		Spouse E-Mail Address:	

DECLARATION OF PARENTS/GUARDIAN

I/We, the undersigned, hereby declare that to the best of my knowledge, the above information as supplied is accurate and correct.

Signed at _____ on this _____ day of _____ year _____

PARENTS/GUARDIAN

1. _____
(FULL NAME & SURNAME) Signature (Mr)

2. _____
(FULL NAME & SURNAME) Signature (Mrs)

APPLICATION FOR ADMISSION TO HOSTEL

AGREEMENT FOR PAYMENT OF HOSTEL FEES

1. I/We, the undersigned, hereby acknowledge that I/we legally owe Welkom Technical High School's hostel, House Gratia, the amount determined by the governing body, per learner for the year.
2. I/We undertake to pay the above-mentioned amount as follows (You MUST choose one of the following options):

OPTION	DESCRIPTION	CHOOSE
Option 1	The full amount (Payable before the end of February)	
Option 2	Quarterly at the beginning of each term.	
Option 3	Monthly before the 7 th day of each month	

You can make your payment by choosing one of the following methods:

- Debit order
- EFT
- Cash

Banking Details:

ABSA
Check Account
Account number: 1340 145 492
Branch Code: 632005
Reference: Your CHILD'S initials and surname.
Send proof of payment to gratia@htswelkom.co.za

3. I/We accept that if payments are not made promptly as mentioned above, the full outstanding annual school fee balance would be payable immediately.
4. Would it be necessary to take legal steps against me/us, I/we undertake to pay the outstanding amount together with attorney fees which includes interest, collection and follow up charges.

I/we, the undersigned, hereby declare that I/we have read the above and will comply to the agreement.

Signed at _____ on this _____ day of _____ year _____

PARENTS/GUARDIAN

1. _____
(FULL NAME & SURNAME) Signature (Mr.)
2. _____
(FULL NAME & SURNAME) Signature (Mrs.)