

APPLICATION FOR ADMISSION TO KOKSTAD COLLEGE HOSTEL

(To be completed in full by **parent/guardian** of boarder)

1. PARTICULARS OF BOARDER

Surname : Name :
Grade entering on admission : Date of birth : (d) (m)(y)
Sex : ID Number : Cell phone no. :
Medical Aid : Medical Aid No. :

DOCUMENTATION: 1. COPY of the Medical Aid card, 2. COPY of the Birth Certificate of the boarder, 3. COPY of the ID of the person responsible for payment MUST ACCOMPANY this application.

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2. PARTICULARS OF PARENT / GUARDIAN (responsible for payments)

Surname : Title : (Mr/Mrs/Miss)
Initials : ID Number : (person responsible for payments)
FULL Residential address :
..... Code :

Name of father:..... Cell phone :

Email address : ID No. :

Name of mother:..... Cell phone :

Email address : ID No. :

Name of guardian:..... Cell phone :

Email address : ID No. :

Signature : (person responsible for payments)

Date :

DEPARTMENT OF EDUCATION

KOKSTAD COLLEGE HOSTEL

KOKSTAD COLLEGE HOSTEL

P O BOX 78

KOKSTAD

4700

CONSENT AND INDEMNITY

I,(full name of parent/guardian)

ID Number : Address :.....

.....

.....

am the parent/guardian of :

.....(full name of child).

I hereby wish my child to be accommodated in the Kokstad College Hostel.

I fully understand and accept such accommodation shall be undertaken at my child's/ward's own risk, and I undertake, on behalf of myself, my spouse, my executors and my aforesaid child/ward to indemnify, hold harmless and absolve the school, the Principal/the Superintendent and his/her staff against and from any or all claims whatsoever which my arise in connection with any loss or damage to the person or property of my aforesaid child/ward during the course of his/her stay in the hostel.

DATED AT THIS DAY OF

..... 20.....

.....
SIGNATURE : PARENT / GUARDIAN

CONSENT AND INDEMNITY

I, (full name of parent/guardian)

Address :

.....

..... Tel. No.:

the parent/guardian of :

..... (full names of child/ward)

hereby give my consent that the aforesaid child/ward may when he/she is in the hostel :
(please indicate by means of a cross ALL appropriate information)

- | | | | |
|----|--|-----|----|
| 1. | Go to town on Saturday mornings. | YES | NO |
| 2. | Attend church on Sunday mornings. | YES | NO |
| 3. | Attend youth on Friday evenings when youth provides transport. | YES | NO |

On a free weekend and at the end of the term, will your child be:

- | | | | |
|----|--|-----|----|
| a) | Fetches by you or a designated driver. (Superintendent must be informed in writing, as to who the driver will be.) | YES | NO |
| a) | Use public transport. | YES | NO |

I fully understand and accept that all such activities shall be undertaken at my child's/ward's own risk, and I undertake, on behalf of myself, my spouse, my executors and my aforesaid child/ward to indemnify, hold harmless and absolve the Governing Body, Principal, Superintendent and their staff against and from any or all claims whatsoever which may arise in connection with any loss or damage to the person or property of my aforesaid child/ward in the course of such activities.

DATED AT THIS DAY OF 20.....

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SIGNATURE OF PARENT /GUARDIAN