



LOWVELD ACADEMY SECONDARY SCHOOL

P.O. Box 791
HOEDSPRUIT
1380

Tel: (015) 793 3750
Fax: 0864 033 069

Hoedspruit@lowveldacademy.co.za

Erf 712 | Hoedspruit Wildlife Estate X 6 | HOEDSPRUIT 1380 | EMIS NUMBER: 996605303

HOSTEL

ADMISSION FORM

1. PERSONAL INFORMATION

- Surname of child _____
- Name of child _____
- Date of birth _____
- Home language _____
- Male/Female _____

1.2 Date from which admission is sought: _____

1.3 Grade of child: _____

1.4 Nationality: _____

1.5 Reason for Hostel application: _____

2. DECLARATION BY PARENT/GUARDIAN

2.1 Full name of parent/guardian: _____

2.2 Full residential address: _____

2.3 Postal address: _____

2.4 Marital status: _____

2.5 Relationship to child: _____

2.6 Occupation: _____

2.7 Contact details Home: _____

Work: _____

Cell: _____

Email: _____

3. MEDICAL INFORMATION

3.1 In the event of serious illness, which doctor should be called?

Name and number of doctor: _____

3.2 Is your child a bleeder? _____

3.3 Does he/she wet the bed? _____

3.4 Is your child allergic to?

Penicillin _____ Aspirin _____ Bees/Wasps _____

3.5 Does your child take tablets or other medicine regularly? _____

3.6 Does your child suffer from fits/seizures? Medication name? _____

3.7 Does your child have any disabilities, if yes, please state the nature and extent:

3.8 Medical Fund particulars

3.8.1 Name of Fund: _____

3.8.2 Membership nu: _____

3.8.3 Principal member: _____

PAYMENT OF FEES:

In terms of hostel regulations, fees are due and payable in advance and **must be fully paid on the first day of each month**, or according to a monthly arrangement sanctioned by a duly authorized representative of the committee.

The hostel superintendent shall refuse admission of any students with outstanding fees at the commencement of the next month.

I hereby certify that the information given by me with this form is correct to the best of my knowledge and belief. I am aware of the regulations regarding the payment of fees and hereby accept the responsibility of the payment of the prescribed fees. I furthermore undertake to co-operate with the authorities in the maintenance of good discipline at the Hostel.

The Codes of Conduct for the school and the hostel are incorporated to this admission form. I confirm that the learner and I are aware of the contents of the Code of Conduct.

Signature of parent: _____ Date: _____

* This application cannot be considered if all questions are not answered in full