



Enlightened Minds

COLLEGE

HOUSE

APPLICATION FOR STUDENT RESIDENCE

Date of Application

Arrival Date

Departure Date

Weekly Boarder

Monthly Boarder

Attach ID Photo of Student

Documentation to accompany this application

All of the documentation listed below is required for the application to be processed.

1. Certified copy of identity document or passport with expiry date and visa information if applicable.
2. Two full colour ID photos.
3. Letter of acceptance to Southdowns College.
4. A written character reference.

Student details

First Name(s)

Surname

Preferred Name

Date of Birth

Gender

ID Number

Indicate with an X

Home Language

Nationality

The following items are required by the Education Department for statistical purposes

Religion

Race Classification

Current Level of Education

Educational Organisation

For office use only

Deposit Received?

Amount

Agreed annual fee for boarding and food and beverage supplies

Copy of ID received

Character reference received

Letter of acceptance

Final Agreement Form

I/We the parent(s) / legal guardian(s) of:

Full name of student

hereby confirm the admission of the above student to College House

I/We hereby confirm that the information supplied in this agreement is complete and accurate.

I/We have read, understood and agree to all the rules and conditions as contained in the College House Guidelines, Rules & Regulations and Indemnity Declaration. This agreement shall take effect immediately upon signature hereof and shall remain in force and in effect for the duration of the student's stay at College House.

It is hereby agreed that I/we the parents/guardians of the student shall be jointly and severally, (should the one pay, the other is to be absolved) liable for the payment of College House fees and additional charges as per the terms of College House.

It is hereby acknowledged that ONE FULL month's notice, in writing, is required for any student to be removed from College House. Should the required FULL month's notice not be given I/we will be responsible for payment of the forthcoming month's fees in lieu of such notice.

Signatories - Father/Guardian

Title

Marital Status

If Divorced: Father: Access to child? Yes No

Is the child living with you? Yes No

Are you the legal guardian? Yes No

Relationship to student

First Name(s)

Surname

ID Number

Nationality

Domicilium Citandi et Executandi
(The address to which legal documentation will be sent)

Postal code

Telephone

Cell Phone

Fax

E-mail

Signature _____

I have read and accepted the terms of the Rules and Regulations.

Date

Student

Signature _____

I have read and accepted the terms of the Rules and Regulations.

Date

Signatories - Mother/Guardian

Title

Marital Status

If Divorced: Mother: Access to child? Yes No

Is the child living with you? Yes No

Are you the legal guardian? Yes No

Relationship to student

First Name(s)

Surname

ID Number

Nationality

Domicilium Citandi et Executandi
(The address to which legal documentation will be sent)

Postal code

Telephone

Cell Phone

Fax

E-mail

Signature _____

I have read and accepted the terms of the Rules and Regulations.

Date

For College House

Name

Signature _____

Date

Indemnity Declaration and Consent

I/We the parent(s) / legal guardian(s) of:

Full name of student

hereby confirm the admission of the student named above to:

College House

I / We hereby give permission for him / her to participate in recreational activities organised by College House which may include excursions outside of the College House facilities, Southdowns College grounds and the Sport and Art Exchange.

I / We accept that all reasonable precautions will be taken to ensure the safety and welfare of my/our child and that I/we shall be held responsible for the payment of medical and/or hospital accounts, where applicable, should any injury or loss be sustained by my child. I specifically indemnify and hold College House and its staff harmless against any claims of whatsoever nature arising out of any injury, damage or loss sustained in pursuance of the aforesaid participation.

I cede my power as parent/guardian to the head of College House, or in his absence, his representative.

As far as I/we know, my/our child is physically capable of participating in the various activities and he/she is in good health.

However, the persons responsible should please note the following: (please state medical aspects that the staff should be aware of, eg. allergies, tendency towards abnormal bleeding, epilepsy, etc.)

I / We agree that this indemnity shall commence on the date of signature hereof and shall remain in force and be of effect for the duration of the student's residency at College House.

Signed at _____
on this _____ day of _____ 20_____

Parent/Guardians _____ Signature _____ Signature _____

Witness 1
Name _____ Signature _____

Witness 2
Name _____ Signature _____

In case of emergency, please list two alternate names and numbers:

Name	<input type="text"/>	Name	<input type="text"/>
Relationship to learner	<input type="text"/>	Relationship to learner	<input type="text"/>
Telephone number	<input type="text"/>	Telephone number	<input type="text"/>