

MEDICAL PROFILE

Name of medical aid or Hospital/Clinic:

Medical Aid number or hospital/Clinic folder number:

Telephone no:

Fax no:

Specify any health problems and/or physical handicaps:.....

Underline diseases which learner has had: **Measles, German Measles, Chickenpox, Mumps, Scarlet Fever, Diphtheria, Rheumatic Fever and Whooping Cough**

State any other illness which the learner has suffered and not mentioned above:

Underline diseases which for learner has been immunised: **Measles, German Measles, Mumps, Whooping Cough Diphtheria, Poliomyelitis, Tetanus and Tuberculosis**

DECLARATION AND UNDERTAKING BY PARENT / GUARDIAN

I, the undersigned parent / guardian of the above-mentioned child, hereby declare that the particulars, as furnished, are to the best of my knowledge correct, and undertake:

- in the event of this application being successful and my child making use of the accommodation, to accept liability for the full boarding fees for one school quarter, unless the committee having general supervision of the hostel decides otherwise;
- in the event of this application being successful and my child making use of the accommodation from a date later than the admission date, to accept liability for the full boarding fees from the date of admission unless the said committee of the hostel decides otherwise;
- to give written notice not less than one school quarter in advance of my intension to remove my child, except in cases where the committee has accepted shorter notice and, if I fail to comply herewith, to accept liability for the full boarding fees for the child until the end of the school quarter in respect of which notice should have been given;
- to pay the boarding fees payable, as fixed by the department from time to time, quarterly in advance, and to abide by the internal rules of the hostel.
- The superintendent stands in loco parentis to all learners in the hostel and is hereby empowered to act as such as 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 any particular quarter have not been paid at the end of that quarter shall be excluded from the hostel from the beginning of the next succeeding quarter and may not be readmitted until the arrear boarding fees have been paid.
- The department does not accept liability for any loss or damage to the personal effects of boarders, irrespective of how such loss or damage is caused.
- Parents are very strongly advised to ensure their children's possessions against, fire, theft, etc.

DECLARATION AND UNDERTAKEN BY PARENT / GUARDIAN

I,(Name of Parent/Guardian), hereby declare that without the Admission applied for. I am not able to make provision for the education of (Full name of learner), and that no information whatsoever has been withheld in regard to my circumstances and that all the information furnished in this application form is correct. I further undertake to inform immediately the Principal of the school attended by the learner or the District Director concerned of any changes regarding my financial circumstances or home address.

Signature:.....
(Father/Mother/Guardian)

Date:.....

FOR OFFICE USE

Approved / Not Approved

Reasons if not approved:.....

Full Names of Principal.....

Signature of Principal:.....

Date:

SCHOOL STAMP