

GRANTLEIGH SCHOOLS APPLICATION FOR HOSTEL ACCOMMODATION



Curro Holdings Ltd Reg No 1998/025801/06 / VAT Reg No 4670183484

APPLICATION DATE _____

YEAR APPLIED FOR _____

GRADE APPLIED FOR _____ GRADE

R	1	2	3	4	5	6	7	8	9	10	11	12
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PLEASE INDICATE WEEKLY TERMLY

⇒ **MOST IMPORTANT**
 This Application will only be processed if ALL fields are completed legibly, are signed and ALL necessary supporting documents are verified and attached.

Ref 2015/002

NECESSARY SUPPORTING DOCUMENTS, COMPLETED SECTIONS & FORMS

<input type="checkbox"/> Copy of student's latest progress report <input type="checkbox"/> Copy of student's birth certificate / ID document <input type="checkbox"/> Copy of parents' / legal guardians' ID documents <input type="checkbox"/> Copy of account holder's ID document if a 3rd party	<input type="checkbox"/> Copy of 3rd party account holder's income statement <input type="checkbox"/> Completed and signed debit order form <input type="checkbox"/> Sections 1 - 13 completed & signed	TWO RECENT COLOUR PHOTOS OF STUDENT (ID SIZE)
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FOR OFFICE USE

INTERVIEW DATE _____ NOTES _____ _____	APPROVED _____ DATE _____ FAMILY CODE _____	ADMISSION DATE _____ ADMISSION NUMBER _____ GRANT <input type="checkbox"/> FOUNDERS' <input type="checkbox"/>
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SECTION 1 : STUDENT'S PERSONAL DETAILS

SURNAME _____ FULL NAMES AS ON BIRTH CERTIFICATE / ID DOCUMENT _____

PREFERRED NAME _____ IDENTITY NUMBER _____

DATE OF BIRTH YY YY MM DD AGE _____ GENDER MALE FEMALE

HOME & OTHER SPOKEN LANGUAGE/S HOME _____ OTHER _____

NATIONALITY _____ RELIGION _____

RACE

ASIAN	AFRICAN	COLOURED	INDIAN	WHITE	OTHER
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CELL PHONE NUMBER _____ EMAIL ADDRESS _____

NAME AND SURNAME OF BROTHERS AND SISTERS	GRADE	IN SCHOOL	IN HOSTEL
_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

SECTION 2 : ACADEMICS, SPORT AND CULTURE

LAST GRADE PASSED _____ YEAR _____ GRADE/S REPEATED _____

SPORT PARTICIPATION	HIGHEST LEVEL	CULTURAL ACTIVITIES	HIGHEST LEVEL
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

SECTION 2 : ACADEMICS, SPORT AND CULTURE

IT IS COMPULSORY FOR THE HOSTEL STUDENT TO PARTICIPATE IN AT LEAST ONE SCHOOL ACTIVITY THROUGHOUT THE YEAR. THE STUDENT HEREBY COMMITS HIM- / HERSELF TO PARTICIPATE IN THE FOLLOWING SPORT AND CULTURAL ACTIVITIES WHICH ARE AVAILABLE AT THE SCHOOL:

SPORT

CULTURE

IF YOU OBJECT TO YOUR CHILD'S PARTICIPATION IN ANY EXTRACURRICULAR AND / OR RELIGIOUS ACTIVITIES, PLEASE PROVIDE REASONS:

SECTION 3 : STUDENT'S MEDICAL DETAILS

BLOOD TYPE

O+	O-	A+	A-	AB+	AB-	B+	B-	UNKNOWN
----	----	----	----	-----	-----	----	----	---------

FAMILY DOCTOR NAME _____ TEL NO _____
ADDRESS _____ CODE _____

DENTIST NAME _____ TEL NO _____
ADDRESS _____ CODE _____

MEDICAL AID NAME _____ MEMBER NUMBER _____
MAIN MEMBER INITIALS & SURNAME _____ MAIN MEMBER ID NUMBER _____
OPTION _____

GENERAL HEALTH _____

DOES THE STUDENT SUFFER FROM ANY ALLERGIES?

YES	NO
-----	----

IF YES, PLEASE GIVE DETAILS. _____

DOES THE STUDENT REQUIRE ANY SPECIAL MEDICATION OR ASSISTANCE?

YES	NO
-----	----

IF YES, PLEASE GIVE DETAILS. _____

DOES OR HAS THE STUDENT SUFFERED FROM ANY OTHER ILLNESSES OR DISABILITIES?

YES	NO
-----	----

IF YES, PLEASE GIVE DETAILS. _____

IS THE STUDENT RECEIVING MEDICAL TREATMENT FOR ANY CONDITION?

YES	NO
-----	----

IF YES, PLEASE GIVE DETAILS. _____

IS OR HAS THE STUDENT SUFFERED FROM OR RECEIVED TREATMENT FOR ANY PSYCHOLOGICAL OR EMOTIONAL UPSET?

YES	NO
-----	----

IF YES, PLEASE GIVE DETAILS. _____

SECTION 3 : STUDENT'S MEDICAL DETAILS - CONTINUED

HAS THE STUDENT HAD ANY OPERATIONS?

YES

NO

IF YES, PLEASE GIVE DETAILS. _____

PLEASE SPECIFY ANY OTHER RELEVANT MEDICAL DETAILS. _____

SECTION 3 : STUDENT'S MEDICAL DETAILS - CONSENT

IN A CRITICAL MEDICAL SITUATION, PLEASE BEAR IN MIND THAT THERE MAY NOT BE TIME TO REFER TO THE STUDENT'S RECORDS. THE HOSTEL THEREFORE RESERVES THE RIGHT TO UTILISE THE QUICKEST MEDICAL SERVICE AVAILABLE.

I, _____ BEING THE PARENT / LEGAL GUARDIAN OF _____
HEREBY AGREE THAT A MEDICAL PRACTITIONER MAY PROVIDE EMERGENCY TREATMENT AS MAY BE NECESSARY.

SIGNATURE OF PARENT / LEGAL GUARDIAN _____

SECTION 4 : DETAILS OF FATHER / STEPFATHER / LEGAL GUARDIAN

COMPLETE ONLY IF **NOT** THE ACCOUNT HOLDER. REFER TO SECTION 8.

SURNAME	FULL NAMES AS IN ID DOCUMENT								
TITLE	IDENTITY NUMBER								
RELATIONSHIP	MARITAL STATUS								
OCCUPATION	EMPLOYER								
EMPLOYMENT TYPE	<table border="0" style="width: 100%;"> <tr> <td style="width: 25%;">FULL TIME PENSIONER</td> <td style="width: 5%;"><input type="checkbox"/></td> <td style="width: 25%;">PART TIME HOMEMAKER</td> <td style="width: 5%;"><input type="checkbox"/></td> <td style="width: 25%;">CONTRACT UNEMPLOYED</td> <td style="width: 5%;"><input type="checkbox"/></td> <td style="width: 15%;">SELF OTHER</td> <td style="width: 5%;"><input type="checkbox"/></td> </tr> </table>	FULL TIME PENSIONER	<input type="checkbox"/>	PART TIME HOMEMAKER	<input type="checkbox"/>	CONTRACT UNEMPLOYED	<input type="checkbox"/>	SELF OTHER	<input type="checkbox"/>
FULL TIME PENSIONER	<input type="checkbox"/>	PART TIME HOMEMAKER	<input type="checkbox"/>	CONTRACT UNEMPLOYED	<input type="checkbox"/>	SELF OTHER	<input type="checkbox"/>		
GROSS INCOME	GROSS COMBINED HOUSEHOLD INCOME								
DURATION AT EXISTING EMPLOYER	DURATION AT PREVIOUS EMPLOYER								
STAFF NUMBER									
HOME OWNER <input type="checkbox"/> TENANT <input type="checkbox"/>	OTHER <input type="checkbox"/> SPECIFY _____ <input type="checkbox"/>								
DURATION AT EXISTING ADDRESS	DURATION AT PREVIOUS ADDRESS								
HOME ADDRESS	WORK ADDRESS	POSTAL ADDRESS							
CODE	CODE	CODE							
TEL H	TEL W	CELL							
EMAIL ADDRESS (PLEASE WRITE LEGIBLY)									

SECTION 4 : DETAILS OF MOTHER / STEPMOTHER / LEGAL GUARDIANCOMPLETE ONLY IF **NOT** THE ACCOUNT HOLDER. REFER TO SECTION 8.

<hr/> SURNAME	<hr/> FULL NAMES AS IN ID DOCUMENT																		
<hr/> TITLE	IDENTITY NUMBER	<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>																	
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YYYY	MM																		
YYYY	MM																		
HOME ADDRESS <hr/>	WORK ADDRESS <hr/>	POSTAL ADDRESS <hr/>																	
<hr/> CODE	<hr/> CODE	<hr/> CODE																	
TEL H <hr/>	TEL W <hr/>	CELL <hr/>																	
EMAIL ADDRESS (PLEASE WRITE LEGIBLY) <hr/>																			

SECTION 6 : DETAILS OF ANOTHER CONTACT IN THE CASE OF AN EMERGENCY

<hr/> SURNAME	<hr/> FULL NAMES			
<hr/> RELATIONSHIP				
TEL H <hr/>	CODE <hr/>	TEL W <hr/>	CODE <hr/>	CELL <hr/>
EMAIL ADDRESS (PLEASE WRITE LEGIBLY) <hr/>				

SECTION 7 : DECLARATION OF PARENTS / LEGAL GUARDIANS

We, the undersigned, _____, hereby certify that the information given by us in this Application for Hostel Accommodation is complete and accurate. We also agree to the conditions as set out herein.

We undertake to subject the student to the Hostel's code of conduct and house rules.

We further undertake to encourage the student to participate in extracurricular activities and to regularly attend practices and matches. We understand that school activities enjoy priority over outside activities.

This Application for Hostel Accommodation will be reconsidered in the case where important relevant information, which should be brought to the Hostel's attention, is withheld.

NB: The signatures of both parents and / or legal guardians are required where applicable.

SIGNATURE OF FATHER / STEPFATHER / LEGAL GUARDIAN

DATE

SIGNATURE OF MOTHER / STEPMOTHER / LEGAL GUARDIAN

DATE

SECTION 10 : FINANCIAL TERMS AND CONDITIONS

1. ACCEPTANCE OF LIABILITY

- 1.1 The person responsible for the account (hereafter the Account Holder) as set out in the standard Application for Hostel Accommodation (hereafter the Application) herewith assumes liability for the account, alternatively binds him-/herself as co-debtor and surety for payment of all fees to the Hostel.
- 1.2 The legal guardian, as described in the Application, binds him-/herself as surety and co-debtor for the payment of all fees by the Account Holder or any other payments that may arise from this Agreement.

2. TERMS OF PAYMENT

- 2.1 It is recorded that fees are determined at the beginning of the year and that the Account Holder is informed of the result in writing.
- 2.2 The Account Holder shall immediately inform the Hostel if he / she has not received an invoice at the start of the academic year.
- 2.3 Fees for 12 (twelve) months are payable monthly in advance by means of debit order on or before the 2nd (second) day of each calendar month or annually in advance by 31 December, depending on the fee payment option exercised by the Account Holder in the Application.
- 2.4 The Hostel reserves the right to charge interest of 15% (fifteen per cent) on all accounts that are in arrears by 30 (thirty) days or longer.
- 2.5 Payment of monthly fees is not subject to presentation of a statement. Payments are made in accordance with the applicable fee structure of the Hostel.
- 2.6 In the event where an existing account is / has not been managed in the proper manner, no further Applications will be considered.

3. BREACH OF CONTRACT

In the event where the undersigned surety, Account Holder or legal guardian commits a breach of contract of any of the terms of this Agreement, the Hostel may in its sole discretion:

- 3.1 Refuse the student entry to the Hostel's premises until the breach has been remedied; or
- 3.2 Claim damages from the Account Holder and / or the surety and legal guardian; or
- 3.3 Take whatever legal steps that may be necessary.

4. GENERAL

This Agreement constitutes the whole Agreement between the parties relating to the subject matter hereof. No amendment or consensual cancellation of this Agreement or any provision or term thereof or of any Agreement, bill of exchange or other document issued or executed pursuant to or in terms of the Agreement and no settlement of any disputes arising under this Agreement and no extension of time, waiver or relaxation or suspension of any of the provisions or terms of this Agreement or of any Agreement, bill or exchange or other document issued pursuant to or in terms of this Agreement shall be binding unless recorded in a written document signed by the parties. Any such extension, waiver or relaxation or suspension which is so given or made shall be strictly construed as relating strictly to the matter in respect whereof it was made or given.

5. JURISDICTION

This Agreement is subject to South African law.

6. CREDIT INFORMATION

The Account Holder, surety or legal guardian hereby consents to the disclosure and exchange of personal financial information to a credit bureau or financial institution in accordance with the National Credit Act.

7. DOMICILIUM

The parties choose as their domicilia citandi et executandi the addresses set out in the Application.

8. LEGAL FEES

In the event where the Hostel takes legal action against the Account Holder, he / she will be liable for all legal fees on an attorney client scale, collection costs and commission, interest and tracing fees.

9. CANCELLATION

- 9.1 The Account Holder undertakes to give 1 (one) term's written notice of termination of the enrolment of a student, failing which the liability be incurred for the full amount of the following term's fees.
- 9.2 The Hostel shall be entitled to terminate the enrolment of any student under the following circumstances:

Summarily, and with immediate effect, if the student is guilty of an offence which, in the sole opinion of the Hostel, renders his / her continued enrolment at the Hostel impossible, in which event the Account Holder, after deduction of all amounts otherwise owing to the Hostel, will be refunded a pro-rata proportion of any fees already paid in advance in respect of such student.
- 9.3 In the event of emigration, which is a long process, the Hostel requires 1 (one) full term's written notice in advance.

SIGNATURE OF ACCOUNT HOLDER

DATE

SECTION 11 : GENERAL INDEMNITY

1. The Hostel and the Curro Holdings Ltd Board of Directors undertake to implement reasonable and generally acceptable measures with regard to the safety and well-being of all students, educators and visitors to the Hostel.
2. Due to the nature of the matter, the Hostel and the Curro Holdings Ltd Board of Directors do not accept any responsibility for accidents that may take place in the Hostel.
3. Each parent is therefore requested to complete this form as proof that you accept the position of the Hostel and the Curro Holdings Ltd Board of Directors as set out above as well as the risks involved therewith.
4. I, _____, being the parent / legal guardian of _____ who is enrolled as such and accepted by the Hostel, subject to the terms set out herein, indemnify the Hostel and the Curro Holdings Ltd Board of Directors for the time being of the Curro Holdings Ltd (Reg Nr 1998/025801/06) for any losses or damages in general, however they may occur, that I as parent / legal guardian of the above student may suffer as a result of any occurrence whereby the student may be involved, whether as the causing or suffering party, whilst participating in any hostel activity, except if such loss or damage arises as a consequence of the gross negligence or willful misconduct of the Hostel or the Curro Holdings Ltd Board of Directors or any person acting for or controlled by the Hostel or the Curro Holdings Ltd Board of Directors.
5. In particular, I authorise that the aforesaid student may be involved in all excursions and, where applicable, I agree that he / she may utilise the transport arranged by the Hostel for such excursions. I also indemnify the Hostel and the Curro Holdings Ltd Board of Directors for any damages or losses that I as parent / legal guardian of the above student may suffer under such circumstances and voluntarily accepts the risks associated therewith, except if such loss or damage arises as a consequence of the gross negligence or willful misconduct of the Hostel or the Curro Holdings Ltd Board of Directors or any person acting for or controlled by the Hostel or the Curro Holdings Ltd Board of Directors.
6. In the event of the aforesaid student making use of the bus service to and from the Hostel, I acknowledge that I am aware that neither the Hostel nor the Curro Holdings Ltd Board of Directors accepts any responsibility there for. The Curro Holdings Ltd Board of Directors have, however, in awarding the right to operate the service, laid down certain conditions to ensure that the bus company complies with safety regulations and that the driver is sober and experienced with a proven and unblemished record.

SIGNED AT _____ ON THIS _____ DAY OF _____ 20 _____.

AS WITNESSES:

1. _____
2. _____

SIGNATURE OF PARENT / LEGAL GUARDIAN

SECTION 12 : GENERAL INFORMATION

REASONS WHY THE STUDENT IS APPLYING FOR HOSTEL ACCOMMODATION:

SECTION 13 : SURVEY - MARKETING

WHERE DID YOU HEAR ABOUT US? PLEASE INDICATE WITH AN X.

<input type="checkbox"/> BILLBOARD	<input type="checkbox"/> NEWSPAPER	<input type="checkbox"/> MAGAZINE	<input type="checkbox"/> RADIO
<input type="checkbox"/> PRESENTATION	<input type="checkbox"/> BROCHURE	<input type="checkbox"/> FLYER	<input type="checkbox"/> EXHIBITION
<input type="checkbox"/> FRIEND	<input type="checkbox"/> WEB	<input type="checkbox"/> OTHER / SPECIFY _____	

PLEASE INDICATE HOW SATISFIED YOU WERE WITH THE SERVICE RECEIVED PRE-ENROLMENT.

<input type="checkbox"/> VERY SATISFIED	<input type="checkbox"/> SATISFIED	<input type="checkbox"/> UNSATISFIED	<input type="checkbox"/> VERY UNSATISFIED
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WAS THE INFORMATION RECEIVED PRE-ENROLMENT:

<input type="checkbox"/> RELEVANT	<input type="checkbox"/> INFORMATIVE	<input type="checkbox"/> SUFFICIENT
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IF NOT, PLEASE PROVIDE FURTHER DETAILS. _____