



ST THOMAS RESIDENTIAL SCHOOL/ COLLEGE

HOSTEL APPLICATION

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ST THOMAS RESIDENTIAL SCHOOL

OFFICE USE ONLY							
D.O. A				SCHOOL APPLICATION COMPLETED			
GRADE		FORM NO		DEPOSIT PAID		FAMILY CODE	

SECTION A: LEARNER INFORMATION

FIRST NAME		SURNAME		
DATE OF BIRTH		ID NUMBER		
AGE		GENDER	MALE	FEMALE
RACE		IMMIGRANT	YES	NO
CITIZENSHIP		NUMBER OF YEARS IN SOUTH AFRICA		
HOME LANGUAGE		SECOND LANGUAGE:		
PHYSICAL ADDRESS				
POSTAL ADDRESS				
LEARNER'S HOME TELEPHONE NUMBER				
EMERGENCY CONTACT OTHER THAN PARENTS OR GUARDIANS	NAME AND SURNAME			
	CONTACT NUMBER:			

SECTION B: LEARNER'S MEDICAL INFORMATION

FAMILY DOCTOR		DOCTOR TELEPHONE NUMBER	
ADDRESS OF DOCTOR			
I GIVE THE SCHOOL PERMISSION TO ADMINISTER FIRST AID TO MY CHILD WHEN NECESSARY		YES	NO
IN THE EVENT OF A LIFE THREATENING OR A VERY SERIOUS CASE, DO YOU GRANT THE SCHOOL PERMISSION TO TAKE YOUR CHILD TO <u>BRITS MEDICAL CLINIC</u> OR <u>BRITS DISTRICT HOSPITAL</u> ?		YES	NO
HAS YOUR CHILD RECEIVED ALL THE NECESSARY IMMUNIZATIONS, INCLUDING HEPATITIS B?		YES	NO
IF NO, PLEASE SPECIFY WHICH IMMUNIZATIONS HE/SHE HAS NOT RECEIVED			
INDICATE YOUR CHILD'S ALLERGIES			
DOES YOUR CHILD SUFFER FROM ANY CHRONIC CONDITIONS?			
DOES YOUR CHILD TAKE PRESCRIBED CHRONIC MEDICATIONS?		YES	NO
PLEASE INDICATE THE MEDICATION FOR CHRONIC CONDITIONS. (PLEASE TAKE NOTE THAT NO MEDICATION IS GIVEN BY THE HOSTEL STAFF OR TO ANY LEARNER, MEDICATION TAKEN BY A LEARNER AS PRESCRIBED BY A DOCTOR IS THE RESPONSIBILITY OF THE PARENT AND THE LEARNER)			
DO YOU HAVE A MEDICAL AID?		YES	NO
MEDICAL AID NAME			
MEDICAL AID NUMBER			
MAIN MEMBER OF MEDICAL AID			
MEDICAL AID OPTION/PLAN			
MEDICAL AID TELEPHONE NUMBER			
ANY OTHER ADDITIONAL MEDICAL INFORMATION			

PLEASE NOTE:

PLEASE TAKE NOTE THAT WHEN YOUR CHILD IS ILL; WE WILL NOT BE ABLE TO FACILITATE DAILY CARE AND SUPERVISION. YOU WILL BE CONTACTED AND YOU WILL HAVE TO COME AND COLLECT YOUR CHILD IMMEDIATELY.

MOTHER/GUARDIAN						
NAME				SURNAME		
IDENTIFICATION NUMBER				DATE OF BIRTH		
HOME ADDRESS						
EMPLOYMENT STATUS	UNEMPLOYED		BETWEEN EMPLOYMENT		EMPLOYED	
	SELF EMPLOYED		RETIRED		OTHER	
EMPLOYER (IF SELF EMPLOYED STATE YOUR BUSINESS)						
EMPLOYER ADDRESS						
PHONE NUMBER				E-MAIL ADDRESS		
PHONE NUMBER HOME				CELL PHONE NUMBER		
WHAT IS YOUR MONTHLY INCOME BAND	R1 - R5000	R5000 – R10000	R10000 – R15000	R15000 – R20000	R20000 – R25000	ABOVE R25000

PLEASE SUPPLY US WITH DETAILS OF 2 PERSONS, NOT LIVING WITH YOU.

ADDITIONAL CONTACT 1				
NAME			SURNAME	
RELATION			OCCUPATION	
HOME ADDRESS				
PHONE NUMBER WORK			E-MAIL ADDRESS	
PHONE NUMBER HOME			CELL PHONE NUMBER	

INDEMNITY

1. I,		
<i>(FULL NAME AND SURNAME OF PARENT/GUARDIAN)</i>		
BEING THE PARENT/LEGAL GUARDIAN OF		
<i>(FULL NAME AND SURNAME OF CHILD)</i>		
HEREBY GIVE MY CONSENT FOR MY CHILD TO TAKE PART IN THE EXTRA MURAL ACTIVITIES OF ST THOMAS RESIDENTIAL SCHOOL/COLLEGE , INCLUDING ATHLETICS, GAMES, EDUCATIONAL TOURS, SCHOOL CAMPS AND COUNTRY TOURS.		
I FULLY UNDERSTAND AND ACCEPT THAT ALL TOURS AND EXCURSIONS SHALL BE UNDERTAKEN AT MY CHILD'S OWN RISK. I UNDERTAKE FOR MYSELF, MY EXECUTORS, MY WIFE / HUSBAND AND MY CHILD AFOREMENTIONED TO INDEMNIFY, HOLD HARMLESS AND ABSOLVE RABBONI CHRISTIAN SCHOOL/ HOSTEL, THE BOARD OF TRUSTEES AND ITS STAFF AGAINST AND FROM ANY OR CLAIMS WHATSOEVER, THAT MAY ARISE IN CONNECTION WITH ANY LOSS OR DAMAGE TO THE PROPERTY OR INJURY TO THE PERSON OF MY CHILD AFOREMENTIONED IN THE COURSE OF ANY SUCH ACTIVITY, TOUR OR EXCURSION. IN THE KNOWLEDGE, THAT THE PRINCIPAL, CARETAKERS AND THE STAFF WILL NEVERTHELESS TAKE ALL REASONABLE PRECAUTIONS FOR THE SAFETY AND WELFARE OF MY CHILD.		
2.	I DECLARE THAT I AM FULLY CONVENSANT WITH THE ADMISSION REQUIRMENTS OF THE SCHOOL/HOSTEL AND I UNDERTAKE TO ADHERE TO THAT AND WILL SEE TO IT THAT MY CHILD WILL ADHERE TO THAT.	
3.	I CONCEDE AND ACCEPT THAT THE SCHOOL PRINCIPAL AND HOSTEL MANAGEMENT ACCORDING TO THEIR SOLE REASONABLE DISCRETION, MAY DENY MY CHILD ADMISSION TO THE SCHOOL/HOSTEL IF HE/SHE VIOLATES ANY OF THE FOLLOWING RULES AND CONDUCT:	
	3.1 POSSESSES OR USES ANY DRUGS OR ADDITIVE SUBSTANCES, INCLUDING ALCOHOL IN ANY FORM AND CIGARETTES OR ANY OTHER FORM OF SMOKING OR INHALING SUBSTANCE,	
	3.2 FOUND GUILTY OF ANY CRIMINAL OFFENCE OF ANY NATURE	
	3.3 IS ABSENT FROM THE SCHOOL/HOSTEL PREMISES WITHOUT A VALID REASON OR WRITTEN PREMISSION FROM THE SCHOOL PRINCIPAL OR HIS PLENIPOTENTIARY	
	3.4 POSSESSES ANY PORNOGRAPHIC OR SATANIC MATERIAL ON THE SCHOOL PREMISES OR USES IT ELSEWHERE WHERE THE IMAGE OR GOOD REPUTATION OF THE SCHOOL MIGHT BE DAMAGED	
	3.5 VIOLATE ANY OF THE SCHOOL RULES, WHICH ARE EXTENSIVELY SET OUT IN THE HOMEWORK BOOKS, POLICIES AND THIS AGREEMENT	
4.	I CORROBORATE THAT I AM WELL ACQUANTED WITH THE DISCIPLINARY SYSTEM IF THE SCHOOL/HOSTEL AND AGREE TO SUPPORT THE SCHOOL/HOSTEL FULLY IN THIS MATTER.	
5.	I CONFIRM THAT I AM FULLY AWARE OF THE SCHOOL/HOSTEL FEE AMOUNT AND THAT I HAVE BEEN INFORMED ABOUT THE DATES THAT THESE FEES ARE DUE. I ACCEPT FULL RESPONSIBILITY FOR THE PAYMENT OF ALL LEGAL COSTS, ACCORDING TO ATTORNEY AND CLIENT TARIFFS, IN CASE THE SCHOOL/HOSTEL HAS TO OPEN A LAWSUIT AGAINST ME FOR ANY MONIES/AMOUT, WHICH I OWE TO THE SCHOOL/HOSTEL.	
6.	I ACKNOWLEDEGE THAT THIS UNDERTAKING IS MY FULL AGREEMENT WITH THE SCHOOL/HOSTEL AND THAT ANY ALTERATION OF THIS DOCUMENT WILL ONLY BE BINDING WHEN IN WRITING AND UNDERSIGEND BY ME AND AN OFFICIALLY NOMINATED MEMBER OF THE SCHOOL/HOSTEL	
7.	I DECLARE THAT ALL THE ABOVE-MENTIONED INFORMATION PROVIDED BY ME IN FACTUALLY CORRECT, I UNDERTAKE TO UPDATE THIS INFORMATION ANNUALLY DURING THE TIME OF MY CHILD'S ENROLMENT AT ST THOMAS RESIDENTIAL SCHOOL/HOSTEL, BY STIPULATING ANY CHANGES IN WRITING.	
I UNDERSTAND THAT I WILL FULLY FAMILIARIZE MYSELF WITH THE FOLLOWING IMPORTANT POLICIES AVAILABLE ON THE SCHOOL'S WEBSITE AND/OR AT THE ADMINISTRATION OFFICE OF THE SCHOOL:		
CODE OF CONDUCT FOR LEARNERS AND PARENTS		YES
DRUG AND ALCOHOL POLICY		YES
SCHOOL FEE/TUTION POLICY		YES
RELIGION POLICY		YES
ADMISSIONS POLICY		YES

AS A PARENT OF ST THOMAS RESIDENTIAL SCHOOL/HOSTEL I UNDERTAKE TO:

1. REMEMBER THAT ST THOMAS RESIDENTIAL SCHOOL/HOSTEL IS IN ESSENCE A CHRISTIAN SCHOOL/HOSTEL AND GOVERNED BY BIBLICAL PRINCIPLES AND STANDARDS.				
2. PRAY FOR THE HOSTEL PARENTS AND STAFF AS THEY ENDEAVOUR TO USE THEIR TRAINING AND ABILITIES AND TALENTS TO EDUCATE, DEVELOP AND CARE FOR MY CHILD TOWARDS ADULTHOOD AND MATURITY.				
3. I WILL STRIVE BUILD HEALTHY RELATIONS WITH MY CHILD'S EDUCATORS AND CARE TAKERS.				
4. SUPPORT MY CHILD IN ALL OUTREACH, ACADEMIC, CULTURAL AND SPORTING ACTIVITIES AND AGREE THAT HE/SHE SHALL TAKE PART IN ALL OF THESE ACTIVITIES. I WILL ATTEND MY CHILD'S EXTRA – MURAL ACTIVITIES AS OFTEN AS POSSIBLE.				
5. SUPPORT THE DISCIPLINARY SYSTEM AS SET DOWN, IN ORDER TO TRAIN MY CHILD ACCORDING TO THE WORD OF GOD TO THE BEST OF THE SCHOOL'S/ HOSTEL'S ABILITY. NB – REBELLION IN ANY FORM WILL NOT BE TOLERATED AND THAT MY CHILD MAY BE SUSPENDED UNTIL HIS/HER BEHAVIOUR IS SATISFACTORY AND BEFITTING A CHRISTIAN HOUSEHOLD. FAILING TO CHANGE REBELLIOUS ATTITUDE WILL ULTIMATLEY LEAD TO DISMISSAL FROM THIS SCHOOL/HOSTEL.				
6. ASSIST THE HOSTEL IN THE EDUCATION OF MY CHILD BY TAKING AN ACTIVE IN HIS/HER SCHOOL WORK AND TO CO-OPERATE WITH THE HOSTEL PARENTS/STAFF BY SIGNING AND RELEVANT CORRESPONDENCE, HOMEWORK BOOKS (SIGN DAILY!) OR SLIPS. I UNDERTAKE TO SEE TO IT THAT MY CHILD'S HOMEWORK IS COMPLETED PUNCTUALLY AND THAT HIS/HER SCHOOL ATTENDANCE IS REGULAR.				
7. I WILL INFORM THE SCHOOL/HOSTEL WHEN MY CHILD IS ILL OR ABSENT FOR ANY OTHER REASON, AND WILL PROVIDE THE NECESSARY DOCTOR'S CERTIFICATE TO VERIFY THIS, AS WELL AS A LETTER WRITTEN BY ME.				
8. ATTEND ALL PARTENT'S MEETINGS AND FUNCTIONS, EXCEPT IN CASES OF ILL HEALTH OR UNFORSEEN CIRCUMSTANCES, IN WHICH INSTANCE I WILL NOTIFY THE SCHOOL/HOSTEL.				
9. COMMUNICATE ANY GRIEVANE WHATSOEVER IN A CHRISTIAN – LIKE MANNER WITH THE PARENTS AND STAFF OF THE HOSTEL, (DURING REGULAR BUSSINESS HOURS), AND BE WILLING TO LISTEN TO BOTH SIDES OF THE MATTER BEFORE REACTING.				
10. UPHOLD AT HOME THE CHRISTIAN ETHICS AND MORALS TAUGHT AT THE HSOTEL, BY SETTING A GODLY EXAMPLE TO MY FAMILY.				
11. TREATE THE SCHOOL/HOSTEL PROPERTY AS I WOULD TREAT MY OWN, AS I INVEST IN MY CHILD'S EDUCATION AND CARE.				
12. NEVER USE ANY ALCOHOLIC OR ADDICTIVE SUBSTANCES OF THE SCHOOL/HOSTEL PREMISES.				
13. FAITHFULLY PAY MY CHILD'S SCHOOL/HOSTEL FEES AND HONOUR THE CONTRACT MADE BY ME WITH THE SCHOOL/HOSTEL. I UNDERSTAND THAT THE FOLLOWING HOSTEL FEES ARE PAYABLE MONTHLY OR QUARTERLY, IN ADVANCE, BY THE 3 RD OF EACH MONTH, INCLUDING HOLIDAY MONTHS, FOR 11 MONTHS. KINDLY NOTE THAT FEES ARE CALCULATED OVER 12 MONTHS AND DIVIDED INTO 11 MONTHLY PAYMENTS. WEEKEND AND LAUNDRY FEES ARE NOT INCLUDED IN THE CALCULATED MONTHLY FEES AND NEEDS TO BE ADDED IF YOU CHOOSE THE MAKE USE OF THIS SERVICE.				
14. FEES FOR EACH NEW YEAR STARTING JANUARY MUST BE PAID BY 3 RD JANUARY EACH YEAR.				
15. I UNDERSTAND THAT THE HOSTEL FEES, AS SET OUT BELOW, ARE CALCULATED FOR 11 MONTHS, PAYABLE IN MONTLY INSTALLMENTS FOR MY CONVENIENCE. HOSTEL FEES – (PAYMENT IS DUE A MONTHE IN ADVANCE – OVER 11 MONTHS).				
GRADE 3 TO GRADE 7	MONTHLY (PAYABLE OVER MONTHS)	REGISTRATION FEES (PAYABLE BEFORE 31 ST JANUARY)	YEARLY (AMOUNT FOR THE WHOLE YEAR)	INDICATE YOUR OPTION WITH A X
OPTION 1: HOSTEL FEE (MONTHLY ONE WEEKEND OFF)	R1700 x 11 MONTHS	R100	R18700	
OPTION 2 HOSTEL FEE (ONLY SCHOOL HOLIDAYS OFF)	R 2200 X 11 MONTHS	R 100	R 24200	
<ul style="list-style-type: none"> IF YOU RECEIVE YOUR SALARY ON THE 15TH OF EVERY MONTH – PAYMENT MUST BE MADE FOR THE FOLLOWING MONTH (MONTH IN ADVANCE). E.g. IF YOU ARE GETTING PAID ON THE 15TH OF DECEMEBER 20__ YOU HAVE TO PAY YOUR HOSTEL FEES ON THE SAME DAY FOR THE JANUARY __ HOSTEL FEES. ON THE 15TH OF JANUARY __ YOU PAY FOR HOSTEL FEES FOR FEBRUARY 2018 ETC. 				

<ul style="list-style-type: none"> • IF YOU RECEIVE SALARY BETWEEN THE 25TH AND THE 30TH OF EVERY MONTH, YOUR PAYMENT MUST BE MADE FOR THE FOLLOWING MONTH (MONTHLY IN ADVANCE). E.g. IF YOU ARE GETTING PAID BETWEEN THE 25TH AND 30TH DECEMBER ____ YOU HAVE TO PAY YOUR HOSTEL FEES ON THE SAME DATE FOR YOUR JANUARY ____ SCHOOL FEES ETC. 	
<p>16. SHOULD AN ACCOUNT BE OUTSTANDING AFTER THE 3RD OF THE MONTH WHEN PAYMENT IS DUE, THE CHILD WILL REFUSE ADMISSION TO CLASS UNTIL THE AMOUNT IS FULLY PAID, INCLUDING ANY PENALTIES AND INTEREST, AND WITHOUT ANY PREJUDICE TO THE SCHOOL'S LEGAL RIGHTS OR RECOURSE TO COLLECT MONIES DUE. 10% PENALTIES WILL BE CHARGED ON ALL OUTSTANDING MONIES. KINDLY NOTE THAT IF THE CHILD IS SENT TO SCHOOL DISREGARDING THIS RULE, HE/SHE MUST REMAIN OUTSIDE THE CLASS. FEES CAN BE DEPOSITED DIRECTLY INTO OUR</p> <p>BANK ACCOUNT ST. THOMAS RESIDENTIAL SCHOOL BANK: STANDARD BANK ACCOUNT NUMBER 062711164 REFERENCE: LEARNERS NAME AND GRADE</p> <p>IF YOU MADE DIRECT DEPOSIT, PLEASE SEND AND/OR FAX PROOF OF PAYMENT (DEPOSIT SLIP) TO THE SCHOOL/HOSTEL. PLEASE CLEARLY PROVIDE THE NAME OF YOUR CHILD, GRADE AND FAMILY CODE. THE FAMILY CODE MUST BE USED AS REFERENCE AT ALL TIMES. (A DEBIT ORDER CAN BE ARRANGED AT YOUR BANK). ANY REFUNDS MUST BE REQUESTED IN WRITING AND WILL BE PAID BACK AFTER ONE MOUNTH, ONCE SIGNED.</p>	
<p>17. I UNDERSTAND THAT I WILL BE RESPONSIBLE FOR ALL ATTORNEY'S CHARGES, INCLUDING ALL COLLECTION COMMISSION AND COSTS OF ANY ATTORNEY AND CLIENT BASIS, SHOULD MY ACCOUNT HAVE TO BE HANDED OVER FOR COLLECTION BECAUSE OF NON-PAYMENT.</p>	
<p>18. I WILL GIVE WRITTEN NOTICE OF ONE CALENDAR MONTH BEFORE MY CHILD IS TAKEN OUT OF THE SCHOOL/HOSTEL. I UNDERSTAND AND THAT THIS PERIOD IS SUBJECT TO THE DISCRETION OF THE PRINCIPAL.</p>	
<p>19. I AGREE THAT, SHOULD MY CHILD LEAVE THE SCHOOL DURING THE CALENDAR MONTH, I WILL STILL BE RESPONSIBLE FOR THE SCHOOL/HOSTEL FEES FOR THE REMAINDER OF THE MONTH AND ONE MONTH'S NOTICE, PENDING THE ISSUE OF A REPORT OR SCHOOL LEAVING CERTIFICATE.</p>	
<p>20. WE WISH TO WORK TOGETHER WITH THE SCHOOL AS WE INVEST IN OUR BEAUTIFUL COUNTRY AND FUTURE OF SOUTH AFRICA, THROUGH PROPER CHRISTIAN EDUCATION.</p>	
<p>21. THE MANGEMENT OF THE SCHOOL RESERVES TO ADMIT AND REVOKE ANY APPLICANT/STUDENT WITH DISCRETION.</p>	
SIGNATURE (FATHER/GUARDIAN)	
SIGNATURE (MOTHER/GUARDIAN)	