

APPLICATION FOR BOARDING

•	orm does not guarantee admission. k Capitals):	
	R Cupitals).	
	t to come to the Hostel:	
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	CONTACT DETAILS	
Home Address:		
Code:		
Doctal Address		
Postal Address:		
Code:		
	CONTACT DETAILS IN EMERGENCY	
Mother's Full Name	s:	
Mother's Phone Nu	mber (Home):	
	(Work):	
	(Cell):	
Father's Full Names		
Father's Phone Nun	hber (Home):	
	(Work):	
	(Cell):	
	MEDICAL HISTORY	
	MEDICAL ING. GAL.	
Allergies:		
	Membership Number:	
Please Note: When	a place is offered to the applicant such offer is conditional upon signatur	re by th
Parent(s)/Guardian	of the conditions of admission which are current at the time of acceptar	nce.
Signature: Father/N	lother/Guardian Date:	