

# YORK HIGH HOSTEL



## APPLICATION FOR ADMISSION OF LEARNER TO YORK HIGH HOSTEL

Tel: School (044) 8742333  
Hostel (044) 8744048  
Fax: School (044) 8735872  
Hostel (044) 8744233

Union Street  
P O Box 254  
George  
6530

The completed form shall be kept for as long as the learner remains in the hostel and thereafter for as long as boarding fees are owing by the parent/guardian.

### Learner Details:

Full Name of Learner: \_\_\_\_\_ Male/Female: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ I.D. Number: \_\_\_\_\_  
Present Grade: \_\_\_\_\_ Date on which admission is desired: \_\_\_\_\_

### Parent / Guardian Details:

#### Father:

Full Name: \_\_\_\_\_  
I.D. Number: \_\_\_\_\_  
Cell no.: \_\_\_\_\_ Work no.: \_\_\_\_\_  
Email: \_\_\_\_\_ Home no: \_\_\_\_\_  
Residential Address: \_\_\_\_\_  
\_\_\_\_\_

Postal address: \_\_\_\_\_  
\_\_\_\_\_

Occupation: \_\_\_\_\_  
Name and Address of Employer: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### Mother:

Full Name: \_\_\_\_\_  
I.D. Number: \_\_\_\_\_  
Cell no.: \_\_\_\_\_ Work no.: \_\_\_\_\_  
Email: \_\_\_\_\_ Home no: \_\_\_\_\_  
Residential Address: \_\_\_\_\_  
\_\_\_\_\_

Postal address: \_\_\_\_\_  
\_\_\_\_\_

Occupation: \_\_\_\_\_  
Name and Address of Employer: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Account Payer Details:

Full Name: \_\_\_\_\_  
Contact no.: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Medical Details:

Name of Medical Aid: \_\_\_\_\_

Name of Medical Aid Plan: \_\_\_\_\_

Name of Main Member: \_\_\_\_\_ Contact No: \_\_\_\_\_

Medical Aid Number: \_\_\_\_\_

Allergies from which the learner suffers: \_\_\_\_\_

Does the learner have any health problems or physical disability? **Yes / No**

If yes, please specify: \_\_\_\_\_

Previous operations (with dates): \_\_\_\_\_

Diseases/ Illness from which the learner has suffered (underline): Measles, German Measles, Whooping Cough, Chickenpox,, Mumps. Scarlet Fever, Diptheria, Rheumatic Fever, Other: \_\_\_\_\_

Vaccinations learner has had(underline): Measles, German Measles, Mumps, Whooping Cough, Poliomyelitis, Tetanus, Tuberculosis, Other: \_\_\_\_\_

Name of Doctor: \_\_\_\_\_ Contact No: \_\_\_\_\_

Name of Dentist: \_\_\_\_\_ Contact No: \_\_\_\_\_

Name of Chemist: \_\_\_\_\_

Current School Details:

Name of Current School: \_\_\_\_\_

Name of school nearest to place of residence: \_\_\_\_\_

If York High Hostel is not the nearest Hostel to place of residence, please state why the learner is not accommodated there: \_\_\_\_\_

Reason(s) for leaving current school: \_\_\_\_\_

Declaration and undertaking by parent/guardian:

1. I, the undersigned parent/guardian of the abovementioned child, hereby declare that the particulars, as furnished, are to the best of my knowledge correct, and undertake -
2. in the event of this application being successful and my child not 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.
3. in the event of this application being successful and my child making use of the accommodation from a date later than that mentioned in paragraph 5 above, to accept liability for the full boarding fees from the date stated in paragraph 5 above, unless the said committee decides otherwise.
4. to give written notice not less than one school quarter in advance of my intention 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.

5. to pay the boarding fees payable in full, in advance, at the beginning of each term. In the event of default of hostel fees payment, I consent to the jurisdiction of the Magistrate's Court and furthermore consent to pay costs on the scale of attorney own client for any legal action that might arise.
6. to abide by the internal rules of the hostel.
7. The hostel 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.

.....  
Date

.....  
Signature of Parent/Guardian

- N.B.:
1. 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.
  2. 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.
  3. Parents are very strongly advised to insure their children's possessions against fire, theft, etc.

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# YORK HIGH SCHOOL

## CONDITIONS REGARDING HOSTEL FEES

A **BOOKING FEE** is payable on application to the Hostel. This will be deducted from the first term's fees.

An **ACCOMMODATION LEVY** is payable at the start of the learner's stay. This is a once off payment per family. The levy is refundable as long as a term's notice has been given and no extra costs have been incurred eg. damage to property.

**HOSTEL FEES ARE STRICTLY PAYABLE IN ADVANCE** at the beginning of each term. The Fees Administrator is present between 17h00 and 19h00 on the day prior to the commencement of the school term. Failure to pay will result in your child being denied entry to the Hostel unless previous **written** arrangements have been made with the Fees Administrator.

**PLEASE AVOID EMBARRASSMENT TO BOTH PARTIES BY FOLLOWING THE REQUIRED PROCEDURE.**

A **TERM'S NOTICE IN WRITING** must be given in the case of withdrawal from the Hostel or a full term's fees are due in lieu of this. This is not negotiable. **MATRICES** who will not return to the hostel in the 4<sup>th</sup> term are required to give **written** notice not later than the first day of the 3<sup>rd</sup> term.

Entrance booking fee for new boarders	R600-00
Accommodation Levy	R2000-00 per family
Hostel Fees	As determined each year at the Annual Budget meeting.

**I, the undersigned have read and understood the above conditions and agree to abide by them.**

**Failure to do so could lead to legal action being taken and in this event I agree to the jurisdiction of the Magistrate's Court and further consent to pay costs on the scale of attorney own client for any legal action that might arise out of the agreement.**

**BOARDER'S NAME** .....

**NAME** : (in block letters) .....

**SIGNATURE OF FATHER** .....

**NAME** : (in block letters) .....

**SIGNATURE OF MOTHER** .....

# YORK HIGH SCHOOL



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GEORGE  
6530

## HOSTEL APPLICATION : TESTIMONIAL

Application has been made for hostel accommodation by the parents of ..... who is at present at your school.

I would appreciate your giving me (in confidence) your opinion of the pupil. Our hostel is a small, mixed one and we have a long waiting list. The Hostel Committee feels that it is important to know whether prospective boarders are suitable for selection before making the final decision.

NAME OF LEARNER: .....

GRADE: .....

ACADEMIC ABILITY: .....

INTEREST IN EXTRA-MURAL ACTIVITIES: .....

PERSONALITY: .....

POSSIBLE BEHAVIOUR PROBLEMS: .....

ARE SCHOOL FEES PAID REGULARLY AND IN FULL? .....

SIGNED: ..... DATE: .....  
(PRINCIPAL)

