



**Littlewood  
Boarding House  
Since 1892**

Fairseat Lane, Wynberg,  
Cape Town, 7800  
Telephone (School Admissions) 021 797 4247  
Telephone (Boarding House) 021 797 6012  
www.wbhs.org.za  
secretaries@wbhs.org.za  
facebook.com/Wynberg.LittlewoodBoardingHouse

**An application to WBHS must be completed before  
application to Littlewood can be considered.**

Please return this form together with the following:  
A certified copy of the front and back of your medical aid card (If Applicable).  
A letter indicating why you would like your son to be considered is strongly recommended.

<b>Applicant's Data</b>	
Surname of the Learner	
First names of the Learner	
Preferred name of the Learner	
Has the Applicant had any emotional or school-learning problems?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If <b>Yes</b> , please provide details:	
Is there is any information concerning the Applicant's emotional or family situation that we should be aware of?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If <b>Yes</b> , please provide details:	
Is the Applicant on any Chronic medication e.g. Ritalin?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If <b>Yes</b> , please provide details:	
Are there any medical conditions or physical handicaps of which we need to be aware?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If <b>Yes</b> , please provide details:	
Has the applicant undergone any operations during the past year which could affect his ability to be part of the Hostel or of which we need to take cognisance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If <b>Yes</b> , please provide details:	
I certify that the applicant has been immunised against the following diseases (those marked * are compulsory).	Polio*    Smallpox*    TB* Whooping cough    Mumps    Diphtheria Scarlet Fever    German measles
Is the Applicant a member of a Medical Aid Scheme (either in his own right or as a dependent member?)	<input type="checkbox"/> Yes <input type="checkbox"/> No
If <b>Yes</b> , please provide details:	Name of Scheme:
	Medical Aid Number:
	Name of Principal Member:



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## Undertakings

I, \_\_\_\_\_

(full name in print), the undersigned parent / guardian of the above-mentioned Applicant, hereby declare that the particulars as furnished are to the best of my knowledge true and correct. I furthermore accept the following as binding upon me/us:

- To pay the boarding fees payable, as fixed by the Governing Body from time to time, quarterly in advance.
- My son and I agree to accept and abide by the internal rules of the boarding house in place from time time.
- I give my consent for the Superintendent or a person delegated by him to act "in loco parentis" should this be necessary, and authorise such person to act as my agent in all emergencies and medical or other matters.
- I am aware that the Boarding House does not accept any liability for loss or damage to the personal effects of my child, irrespective of how such loss or damage occurred.
- In the event of the application being successful and my child making use of the accommodation from a date later than mentioned, we accept liability for the full boarding fees from the date stated, unless the Governing Body decides otherwise.
- Written notice not less than one school quarter will be given of my intention to remove my child from the Hostel, failing which I will be liable for a full term's fees in lieu of notice.
- I understand that should there be any need to recourse to legal action to recover fee payments in arrear or default, I will be liable for the costs involved.

**SIGNATURE OF PARENT / GUARDIAN:**

\_\_\_\_\_

**DATE:**

\_\_\_\_\_