



Littlewood House Hostel

Fairseat Lane
WYNBERG
Cape Town
7800

Telephone: (School admissions) +27 21 797 4247
Hostel: +27 21 797 6012
Facsimile: +27 21 761 0959
e-mail: secretary@wbhs.org.za

NB *In addition to this form you **MUST** have completed a separate **School Application Form** before admission to the hostel 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 a Applicant is strongly recommended

APPLICANT'S DATA

1 Surname: _____

2 First names: _____ Prefers to be called: _____

3 Has the Applicant had any emotional or school-learning problems? **Yes** **No.**

If **Yes**, please provide details: _____

4 Is there is any information concerning the Applicant's emotional or family situation that we should be aware of? **Yes** **No.**

If **Yes**, please provide details: _____

5 Is the Applicant on any Chronic medication e.g. Ritalin? **Yes** **No.**

If **Yes**, please provide details: _____

6 Are there any medical conditions or physical handicaps of which we need to be aware?

Yes **No.**

If **Yes**, please provide details: _____

7 *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 cognizance?* **Yes** **No.**

If Yes, please provide details: _____

8 *I certify that the applicant has been immunized against the following diseases (those marked * are compulsory).*

<i>Polio*</i>	<i>Smallpox*</i>	<i>TB*</i>	<i>Whooping cough</i>	<i>Mumps</i>	<i>Diphtheria</i>	<i>Scarlet Fever</i>
<i>German measles</i>						

9 *Details of membership of a Medical Aid Association/scheme*

Is the Applicant a member of a Medical Aid Scheme (either in his own right or as a dependent member?) **Yes** **No.** *If yes, please provide details below:*

Name of Scheme: _____
Medical Aid Number: _____
Name of Principal Member: _____

10 **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:

- 10.1 To pay the boarding fees payable, as fixed by the Governing Body from time to time, quarterly in advance.
- 10.2 My son and I agree to accept and abide by the internal rules of the boarding house in place from time to time.
- 10.3 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.
- 10.4 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.
- 10.5 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.
- 10.6 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.
- 10.7 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** _____