



SOUTH COAST ACADEMY HOSTEL REGISTRATION

Once the learner is accepted at the school and wish to join the Boarding facility, he/she is automatically accepted to the Hostel, you will not need to wait for an acceptance. You are requested to pay the R400 registration fee for Hostel to finalise the application.

PLEASE COMPLETE IN BLACK PEN

GRADE _____

LEARNER INFORMATION

Surname:	Initials:	Nick Name:
First Name:		
Date of Birth: YYYY MM DD	GENDER: MALE FEMALE	
Race:	ID or passport number:	
Country of Residence:	Hometown:	

Physical Home Address:	Parents contact number:
	In case of emergency: different to above
	Learner cell:

LEARNER MEDICAL – SUPPLY COPY OF CARD

IT REMAINS THE RESPONSIBILITY OF THE PARENT TO MAKE ALL MEDICAL ARRANGEMENTS – Hostel admin to assist

MEDICAL AID NAME:	MED AID NUMBER:
Medical Aid main member name:	DOCTOR NAME AND NUMBER:
MEDICAL CONDITIONS:	
SPECIAL CONDITIONS:	Please supply doctors letter for serious conditions

PARENT/GUARDIAN INFORMATION:

Father/Male Guardian: Responsible Adult Surname: _____ Name _____ ID NO: _____ Cell no: _____	Mother/Female Guardian: Responsible Adult Surname: _____ Name _____ ID NO: _____ Cell no: _____
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PERSON RESPONSIBLE FOR ACCOUNT

Surname:	Title:	Initials:
First Name:		
Date of Birth: YYYY MM DD	GENDER: MALE FEMALE	
Race:	ID or passport number:	
Cell phone number:	Physical address:	
In case of emergency: different to above		
Home language:	Learner cell no:	
Employer:		
Occupation:		
Surname and Full name of Spouse:		
Learner resides with during holidays:		
Marital status of Parent:		
Relationship to learner:		

CONTRACT WITH HOSTEL WITH REGARDS TO PAYMENT

Agreement between SOUTH COAST ACADEMY and _____ (Name and surname of person responsible for the payment of fees) with regards to the payment of school fees.

- a. Accept responsibility for the payment of fees for above child before or on the fifteenth (15th) day of each month and for 11 payments:
- b. I agree to inform the DIRECTOR in **writing** if I am unable to pay the fees.
- c. I understand that the school will take the necessary **legal** steps to recover any outstanding fees.
- d. **I agree to give one (1) calendar month's notice should my child no longer attend school.** In the last term, I undertake to give notice in October as November doesn't serve as a notice month.
- e. I understand that a deposit is payable in advance by no later than the 15th of each month
- f. I declare that the forms have been completed correctly. I have read and understand the acceptance requirements and school rules.
- g. I / We the parents / guardian of _____ undertake to honour the agreement as set out above.

Signature person responsible for the account: _____ Date: _____

PARENT/GUARDIAN 1 (if not the same as ACCOUNT PAYER)

Surname:		Title:		Initials:	
First Name:					
Date of Birth:		YYYY	MM	DD	GENDER:
					MALE FEMALE
Race:			ID or passport number:		
Cell phone no:					
In case of emergency: different to above					
Surname and Full name of Spouse:					
Learner resides with during holidays:					
Marital status of Parent:		<i>Single/married</i>			
Relationship to learner:		<i>Dad/Mom/uncle/aunt/brother</i>			

Application for Admission

1. I, _____ (full name of parent / guardian), do hereby certify that the information provided on this form is correct, to the best of my belief.
2. I undertake to advise the principal / secretary / committee immediately should I change my address or if there is any other significant change to the information provided on the application form.
3. I undertake to co-operate with the Boarding Master / School in maintaining good discipline and to read and adhere to the Hostel / School rules.
4. I accept full responsibility to ensure payment of fees before or on the 15th of each month, I understand that failing to do so will result in a breach of contract and the School's obligation to educate my child.
5. I agree to give thirty (30) days PAID notice in writing before withdrawing my child from this hostel or school.
6. I understand that my child must live with his/her parents or legal guardian or in the school hostel. My Child is not living in a private Boarding house.

Indemnity

I/We the parents of/ the guardian of _____ (name of learner) indemnify unconditionally and without restriction SOUTH COAST ACADEMY and/or the shareholders of SOUTH COAST ACADEMY or any person employed by SOUTH COAST ACADEMY or any person acting on behalf of SOUTH COAST ACADEMY against any losses, claims, injury or death that may be caused to the above learner by virtue of his or her use of any of the facilities provided by SOUTH COAST ACADEMY.

Signed at _____ on _____ day of _____ 20_____.

Signature of Parent / Guardian: _____