



ENROLLMENT FORM HUIS ELOFF 2023

(please complete the entire form)



This form must be completed when admission for a child to HUIS ELOFF is sought.
INCOMPLETE APPLICATION WILL NOT BE CONSIDERED. Submission of forms must be done through a compulsory meeting with the Hostel Parents.

Enrolment application for (tick the appropriate box):

RESIDENT: Temporary

Full time

DAY STUDENT / AFTER CARE

(Refer to *UNDERTAKING BY PARENTS / GUARDIANS* number 5 for costs)

PARTICULARS OF LEARNER BEING ENROLLED

Surname of learner: _____

First Name in full: _____

Sex: Boy Girl

Date of birth: ____ / ____ / ____

Identity number: _____

Copy of learner's birth certificate must be attached to this document

Name of school attended by learner: _____ Current grade: _____

Home Language: _____ Religion: _____

Physical Address: _____

_____ Postal Code: _____

Proof of Physical address must be attached to this application (eg. Electricity bill)

Postal Address: _____

_____ Postal Code: _____

Telephone number (H) _____ Cell nr _____

Email address: _____

Date of occupation: _____

State of Health:

Excellent	Good	Chronic illness
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Circle illness(es) learner had:

Measles, German Measles, Whooping cough, Chicken pox, Mumps

Other important illness(es) from which the learner is suffering or has suffered (e.g. Asthma, Epilepsy).

Operation(s) pupil has had:

<u>Date</u>	<u>Nature of operation</u>

Tick illness(es) learner has been immunised against:

Tuberculosis (BCG)	
Diphtheria	
Whooping cough	
Tetanus	
Measles	
German Measles	
Mumps	
Poliomyelitis	

IMPORTANT: Learners should have immunised against ALL above mentioned illnesses before school attendance. Immunisation against POLIOMYELITIS and TUBERCULOSIS (BCG) is legally COMPULSORY. When a pupil is first admitted to the school, written evidence of immunisation against Poliomyelitis and Tuberculosis (BCG) could be demanded. **Copy of immunisation card must be attached.**

Name of Medical Aid: _____

Name of Main member: _____

Medical Aid number: _____

Copy of Medical Aid card (both sides) must be attached.

Name of Doctor that must be called in: _____

Contact details of Doctor: _____

EMERGENCY CONTACT PERSON AND NUMBER

Name: _____

Relationship to learner: _____

Telephone number: _____ Cell nr: _____

PARTICULARS OF PARENT/GUARDIAN

1. PARENT 1 / GAURDIAN / SPONSOR

Surname: _____ Title: (Mr/Ms/Miss/Dr/Prof)

First Names in full: _____

ID number (Copy must be supplied): _____

Relationship to learner:

LEGAL PARENT	GUARDIAN	GRANDPARENT	STEP PARENT	OTHER – Indicate
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Residential Address: _____

_____ Postal code: _____

Telephone number (H): _____ Cell nr: _____

Telephone number (W): _____ Fax number: _____

Postal address: _____

_____ Postal code: _____

Occupation: _____

Name of Employer/Business: _____

Telephone number of Employer: _____

Employer's/Business' Physical Address: _____

Work/Personal E-mail Address: _____

2. PARENT 2 / GAURDIAN / SPONSOR

Surname: _____ Title: (Mr/Ms/Miss/Dr/Prof)

First Names in full: _____

ID number (copy to be supplied): _____

Relationship to learner:

LEGAL PARENT	GUARDIAN	GRANDPARENT	STEP PARENT	OTHER – Indicate
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Residential Address: _____
_____ Postal code: _____

Telephone number (H): _____ Cell nr: _____

Telephone number (W): _____ Fax number: _____

Postal address: _____
_____ Postal code: _____

Occupation: _____

Name of Employer/Business: _____

Telephone number of Employer: _____

Employer's/Business' Physical Address: _____

Work/Personal E-mail Address: _____

Tick the appropriate block:

Learner resides with:	
<input type="checkbox"/> Parent 1	<input type="checkbox"/> Parent 2
Correspondence to:	
<input type="checkbox"/> Parent 1	<input type="checkbox"/> Parent 2
Person handling the hostel accounts:	
<input type="checkbox"/> Parent 1	<input type="checkbox"/> Parent 2

UNDERTAKING BY PARENTS / GUARDIANS

1. This form serves as an application for the above-mentioned learner to reside at Huis Eloff.
2. I/We, hereby, declare that I/we give lawful supervision and \ or guardianship of the above-mentioned learner to the Superintendent of Huis Eloff.
3. I/we understand that admission to Huis Eloff is subject to approval and signing of the code of conduct.
4. I, the under-signed parent \ guardian of the above-mentioned child, declare that the above information is true and correct to the best of my knowledge.
5. I \ we undertake to pay the boarding-house annual fees – either separately or together, and I \ we understand that boarding fees are payable as follow:
 - **Resident: Full time(2023)**
 - a. A compulsory amount of **R19 650** is payable for the year 2023.
 - b. The fees must be paid in advance, quarterly (**R4912,50** per term), or by monthly debit order for 10 months (**R1 965** per/month)

TAKE NOTE THAT THIS INCLUDES TRANSPORT OF LEARNERS TO AND FROM SCHOOL ACTIVITIES. HOSTEL OPENS AT 06:00 ON A MONDAY AND CLOSSES AT 15:30 ON A FRIDAY.

- **Resident: Temporary(2023)**
 - **Per week: R 800** paid in advance (This includes boarding of 4 nights and 13 meals from Monday afternoon till Friday afternoon after school).
 - **Per day: R 190** per day (This includes the overnight cost plus 4 meals).

TAKE NOTE THAT THIS INCLUDES TRANSPORT OF LEARNERS TO AND FROM SCHOOL ACTIVITIES. HOSTEL OPENS AT 06:00 ON A MONDAY AND CLOSSES AT 15:00 ON A FRIDAY.

- **Day students(2023)**
 - **Per month: R 750** per month (This includes after school care and 1 meal per day).
 - **Per day: R 90** per afternoon (This includes after school care and 1 meal).

TAKE NOTE THAT THIS INCLUDES TRANSPORT OF LEARNERS TO AND FROM SCHOOL ACTIVITIES. HOURS FOR AFTER CARE IS MONDAY – THURSDAY TILL 17:00 AND FRIDAY TILL 15:00

6. I \ we undertake to pay for any damages incurred by my \ our child on the boarding-house premises.
7. I \ we undertake **to give one term's written notice** should my \ our child be leaving the boarding house at any time in the year.
8. I \ we undertake full responsibility to immunize my \ our child against contagious illnesses and other infections as noted on the child's clinic card. Proof must be provided if requested.

9. I \ we agree to all the rules and regulations that are in place at Huis Eloff.
10. I \ we understand that smoking in school uniform, or at any school or boarding house function is strictly forbidden as well as the use of drugs and \ or alcohol. Infringement of any boarding-house rules will not be tolerated under any circumstances.
11. The Superintendent of Huis Eloff assumes *in loco parentis* status of all boarding-house learners and has permission to act on my behalf in any medical emergency or any other situation where parental permission is needed.
12. The Superintendent of Huis Eloff and/or the governing body of Huis Eloff, has the right to expel any learner, at any given time, if a learner makes himself guilty of disobeying the Code of Conduct.
13. The undersigned, hereby, states that the following *domicilium citandi et executandi* is the lawful residential address of the parents address of the parent\ s and \ or guardian \ s. **Should the residential address change, the boarding-house staff must be immediately notified, in writing, with the new residential address.**
14. This document is legal and binding from the date it is signed until such time as the learner officially ceases to board at Huis Eloff.

The parent\ s \ guardian\ s, hereby, declare that he\ she are the learner's official guardian and is, therefore, authorized to sign as such in his\ her personal capacity.

Signed on this _____ day of _____ 2023

SIGNATURE OF PARENT/GUARDIAN

PLEASE INCLUDE THE FOLLOWING:

- **Copy of learner's Birth Certificate**
- **Copies of ID's of both parents**
- **Copy of immunisation card of learner**
- **Proof of Physical address (e.g. Electricity bill)**
- **Copy of Medical Aid card (both sides)**

Bankbesonderhede:

Huis ELOFF
ABSA –Tjekrekening
Bredasdorp Takkode: 334412.
Rekeningnommer: **1780143475.**
*Gebruik u naam as verwysing. SMS asb. na **082 325 9379***