



WYNBERG GIRLS'  
HIGH SCHOOL

Aliwal Road, Wynberg 7800  
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## WATERLOO HOUSE

### APPLICATION FORM FOR ADMISSION TO THE HOSTEL

PERSONAL DETAILS OF LEARNER				
Surname				
First Names				
Preferred Name, if different to first name above				
Date of Birth		Learner's Cell phone		
Home Language		Nationality		
ID Number		SA Citizenship	YES	NO
Passport Number		Study permit number (if not SA citizen)		
Religion		Place in family		of
Dietary Requirements Please indicate	Normal	Vegetarian	Special dietary requirements Please specify _____	

PARENT DETAILS			
	FATHER	MOTHER:	
Surname			
First Names			
ID Number:			
Occupation:			
Home telephone no.			
Work telephone no.			
Cell Phone number			
E-mail address			
Residential address			
	Code:	Code:	
Postal Address			
	Code:	Code:	
Please indicate your daughter's legal custodial parent	Father	Mother	Other: Please specify: _____

EMERGENCY CONTACT (Preferably in Cape Town area) – OTHER THAN PARENTS			
Surname		ID Number	
First Names		Home telephone	
Residential address		Work telephone	
	Code:	Cell phone	
E-mail address		Relationship to learner	

GENERAL			
Has your daughter lived in a school hostel before?	YES		NO
If so, which one ?		Years	
Has your daughter any health problems, allergies or physical disabilities?	YES		NO
If so, specify			
Does your daughter require regular medication?	YES		NO
Nature of medication		Dosage	
<b>Medical Details:</b> In the case of illness or a medical emergency, we usually contact Brampton Rd Surgery, Claremont or Dr Chetty in Wynberg, or Kenilworth Medicross. Please specify if you have your own doctor who will come out to the hostel if necessary.			
Name		Surgery No	After hours no.
Medical Aid		Medical Aid No	Main member
<b>I agree that my daughter be taken to one of the listed medical practioners in the case of illness or emergency.</b>			YES
			NO
<b>Extra-mural activities:</b> I hereby give permission that the above-mentioned learner may take part in the extra-mural activities and outings of this school and hostel and I will not hold the school or the hostel or a custodian liable for injuries incurred provided that reasonable care is taken to ensure the safety of the learners.			YES
			NO
<b>Lifts:</b> I agree to allow the Hostel Superintendent to give the above-mentioned learner permission to accept lifts arranged by the teaching or hostel staff or parents for school or hostel outings.			YES
			NO
Do you wish your daughter to be a weekly or a termly boarder?		TERMLY	WEEKLY
Proposed Admission Date:			
If casual boarding is required (for a limited period only), please specify dates:			

DECLARATION			
<ul style="list-style-type: none"> <li>I undertake to abide by the RULES AND REGULATIONS applicable to the hostel and will ensure that my daughter adheres to the same.</li> <li>I agree and undertake to pay WYNBERG GIRLS' HIGH SCHOOL such HOSTEL FEES as are levied, <b><u>annually or quarterly in advance.</u></b> <ul style="list-style-type: none"> <li>In terms of Section 40 of the SASA, the school may enforce the payment of fees</li> <li>In terms of Section 39 of the SA Schools Act, parents are liable for the payment of fees.</li> <li>Parents are jointly and severally liable for the payment of fees.</li> </ul> </li> <li>I/We understand that the School reserves the right to verify all information supplied herein. I/we further undertake to pay all legal costs, including attorney/client fees and collection costs incurred by the school in the event of the school having to take legal action for the recovery of school fees.</li> <li>I understand that a <u>full term's notice is required</u> or I shall be liable for a full term's fees.</li> <li><b>I understand that should the hostel fees be in arrears that my daughter will be asked to vacate the hostel forthwith</b></li> <li>I/We understand that smoking and the use and abuse of any drug or alcohol in or out of school uniform on or off the School/Hostel premises is an infringement of the School Rules and Code of Conduct and will not under any circumstances be tolerated.</li> <li>I will ensure that my daughter's personal belongings are marked with her name and adequately insured and that while every reasonable effort will be made to prevent losses or damage to a learner's clothing and equipment the School/Hostel cannot be held liable for such</li> <li>I take responsibility for ensuring that my daughter is adequately insured against personal injury or related risks</li> <li>I hereby choose domicillium citandi et executandi (official address) as listed above.</li> <li>I will notify the school in writing, of an address or contact number change.</li> </ul> <p><b><i>I/We hereby declare that the information which I have recorded in this form is true and correct and by my signature below, I give the Chairman of the School Governing Body or his designate, permission to check and confirm any of the details listed by me. I understand that should any of the information supplied be found to be false, my application may be disqualified.</i></b></p>			
SIGNATURES			
FATHER		MOTHER	
LEARNER		DATE	
WITNESS: Name		WITNESS: Signature	