



**PROTEA HOUSE
APPLICATION FOR ADMISSION TO THE HOSTEL**

Please return this form together with the following:

1. A certified copy of the front and back of your Medical Aid card (if applicable)
2. A certified copy of your child's immunization/vaccine card(s)

APPLICANT (LEARNER) DETAILS			
Surname of learner (as per birth certificate)			
First names of learner (as per birth cert)			
Preferred name/surname (if different)			Current Grade
Learner date of birth		Learner cell ph nr	
Learner ID/Passport nr (if applicable)		Nationality	
		Home language	

REQUESTED DATES OF HOSTEL STAY		
LONG TERM STAY	Full upcoming year	From January to December of _____ (year)
	Rest of current year	From _____ (month) to _____ (month) of _____ (year)
SHORT TERM STAY	Rest of Term	From _____ (day, month) to _____ (day, month) of _____ (year)
	Special request	From _____ (day, month) to _____ (day, month) of _____ (year)
	Exam weeks (dates supplied in letter to parents)	(Circle those that apply) Week 1 Week 2 Week 3 Week 4 Week 5 Week 6

PARENT/GUARDIAN DETAILS			
	Parent/Guardian 1	Parent/Guardian 2	Other
Relationship to Learner			
Surname			
First Names			
ID Number			
Cell Number			
Work Number			
Email Address			
Residential Address			
Legal custodian/with whom does the learner reside?			

HEALTH AND WELLNESS				Initial to verify correct
Circle the appropriate answers where applicable *Please provide details in the next block				
Dietary Requirements	None	Vegetarian	Halaal (Note: kitchen is halaal friendly)	
	Special dietary reqs*		Details:	
Food Allergies	None	Yes *	Details:	
Other Allergies	None	Yes *	Details:	
Are there any medical conditions or physical challenges of which we need to be aware?	No	Yes *	Details:	
Has the applicant undergone any operations of which we need to take cognizance?	No	Yes *	Details:	
Is the applicant on any chronic or other medication e.g. Ritalin, antidepressants/ anxiety?	No	Yes *	Details:	
I certify that the applicant has been immunized against the following (those in bold are compulsory)	Polio: Yes/No Smallpox: Yes/No Tuberculosis: Yes/No Mumps: Yes/No Diphtheria: Yes/No Whooping Cough: Yes/No Covid 19: Yes/No Scarlet Fever: Yes/No German Measles: Yes/No			
Is the applicant a member of a Medical Aid (in own right or as a dependent)?	No	Yes *	Name of Scheme: _____ Med Aid Nr: _____ Principal Member: _____	
In the event of a medical emergency, we usually contact Dickson-Hall Consultancy or Kenilworth Medicross. Please indicate if you have your own doctor who will come out to the Hostel if necessary	Name of Doctor: _____ Surgery Nr: _____ After hours Nr.: _____			
Has the applicant had any type of educational assessment conducted for school-learning challenges?	No	Yes *	Details:	
Has the applicant received any previous counselling or psychological intervention?	No	Yes *	Details:	
Is there any information concerning the applicant's family situation of which we should be aware?	No	Yes *	Details:	

PERMISSIONS			Initial to verify correct
I hereby give permission that the applicant may take part in the extra-mural activities, events, socials and outings of the school and hostel.	No	Yes	
I give the applicant permission to use the following transport options if arranged/ permitted by the superintendent (circle all relevant options)	Walking (supervised) E-Hailing (e.g. Uber) Another parent/adult	School bus Hired bus	

Should my/our child be accepted into Protea House, I/we) accept the place for my/our child and understand, acknowledge and accept the following conditions of acceptance:	Signature: Parent/ Guardian 1	Signature: Parent/ Guardian 2	Signature: Fee Payer
To abide by the Rules and Regulations applicable to the school and hostel and to ensure that the applicant adheres to the same.			
Understand that smoking and/or vaping 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 Hostel Code of Conduct and will not under any circumstances be tolerated.			
Agree and undertake to pay Wynberg Girls' High School such Hostel Fees as are levied, annually or quarterly in advance.			
Acknowledge that a full term's notice is required; or I/we shall be liable for a full term's fees.			
Understand that the above mentioned notice period will be waived for one term for Grade 9, Grade 10 & Grade 11 learners only, and only in their first term of boarding.			
Understand that Grade 8 & Grade 12 learners may not leave hostel accommodation during the course of the year. A full year's commitment is required, except with a short term stay agreed to beforehand (e.g. during exam periods).			
Understand that school fees are a priority debt. A learner who receives an exemption for school fees, or whose school fees are not paid up to date, is not eligible for hostel, and will need to vacate the hostel forthwith.			
Agree and understand that, should the hostel fees be in arrears, my child will be asked to vacate the hostel forthwith.			
To ensure that my child'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.			
To take responsibility for ensuring that my child is adequately insured against personal injury or related risks.			
I will not hold the school/a custodian liable for injuries incurred provided that reasonable care is taken to ensure my child's safety.			
I/We hereby choose domicillium citandi et executandi (official address) as listed below. I/We will notify the school in writing of an address or contact number change.			
Understand that the School reserves the right to verify all information supplied herein.			
<p><u>I/(We) note as follows:</u></p> <p>In terms of Section 40 of the SA Schools Act, the school may enforce the payment of fees. In terms of Section 39 of the SA Schools Act, parents are liable for the payment of fees. Parents are jointly and severally liable for the payment of fees. Understand that the school reserves the right to verify all information supplied herein. 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 and/or hostel fees.</p>			

I hereby confirm that the following sections have been completed fully and correctly:

- APPLICANT (LEARNER) DETAILS
- REQUESTED DATES OF HOSTEL STAY
- PARENT/GUARDIAN DETAILS
- HEALTH AND WELLNESS
- PERMISSIONS
- CONDITIONS OF ACCEPTANCE

	Parent/Guardian to whom the hostel account should be addressed (include both names if more than one parents/guardian should receive the account)	Person responsible for the payment of school fees (if different from parent/guardian)	Witness
Full Name			
Street Address			
Email Address			
ID Number			
Contact Nr (work)			
Contact Nr (mobile)			
Signature			
Date			