



St Mary's
DIOCESAN SCHOOL FOR GIRLS
BOARDING HOUSE

APPLICATION FORM

PUPIL DETAILS

| | | | |
|--|--------------------------------------|--|---------------------------------------|
| First name(s) <input type="text"/> | Surname <input type="text"/> | Preferred name <input type="text"/> | Date of birth <input type="text"/> |
| Grade <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 08 <input type="checkbox"/> 09 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 | | | |
| <input type="checkbox"/> Full time/Weekly boarder | | <input type="checkbox"/> Temporary boarder | |
| Arrival date <input type="text"/> | Arrival date <input type="text"/> | Departure date <input type="text"/> | |
| | | Total nights in boarding <input type="text"/> | |

PARENT DETAILS

FATHER

| | |
|--|--|
| First name(s) <input type="text"/> | Surname <input type="text"/> |
| Title <input type="text"/> | Marital status <input type="text"/> |
| If divorced: <input type="text"/> | Access to child? <input type="checkbox"/> Yes <input type="checkbox"/> No Is she living with you? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you the legal guardian? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Home address <input type="text"/> | |
| Work telephone <input type="text"/> | Home telephone <input type="text"/> |
| Cellphone <input type="text"/> | Fax <input type="text"/> |
| Email address <input type="text"/> | |

MOTHER

| | |
|--|--|
| First name(s) <input type="text"/> | Surname <input type="text"/> |
| Title <input type="text"/> | Marital status <input type="text"/> |
| If divorced: <input type="text"/> | Access to child? <input type="checkbox"/> Yes <input type="checkbox"/> No Is she living with you? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you the legal guardian? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Home address <input type="text"/> | |
| Work telephone <input type="text"/> | Home telephone <input type="text"/> |
| Cellphone <input type="text"/> | Fax <input type="text"/> |
| Email address <input type="text"/> | |

NEXT OF KIN DETAILS

| | | | |
|---------------------------------------|---------------------------------|-----------------------------------|---------------------------------------|
| First name(s) <input type="text"/> | Surname <input type="text"/> | Cellphone <input type="text"/> | Email address <input type="text"/> |
|---------------------------------------|---------------------------------|-----------------------------------|---------------------------------------|

AGREEMENT

I hereby confirm the admission of my daughter/ward to the Boarding House. I also confirm that the information supplied in this document is complete and accurate.

I understand that if my daughter is accepted as a full time boarder, I will be liable for the full term's boarding fees, plus an additional non-refundable enrolment fee payable in advance. Should we wish to terminate this contract, a full term's notice of cancellation of enrolment in boarding is required or we will be liable for a full term's fees in lieu of notice.

or

I understand that if my daughter is accepted as a temporary boarder, a daily fee is payable for every night spent in the Boarding House. This will be added to my account, except in the case of extended stays or when required by the accounts' department, when the full fee may be requested in advance.

FATHER

Signed:

Date:

MOTHER

Signed:

Date:

OFFICE USE ONLY

Full time/Weekly boarder

Temporary boarder

Arrival date

Arrival date

Departure date

Non-refundable enrolment fee received

Yes No

Amount

Total nights (R /day) Amount due

DORMITORY

- | | | | | |
|--------------------------------------|-------------------------------------|--|---------------------------------------|-------------------------------------|
| <input type="checkbox"/> St Uriel | <input type="checkbox"/> St Gabriel | <input type="checkbox"/> St Raphael | <input type="checkbox"/> St Michael | <input type="checkbox"/> St Helen |
| <input type="checkbox"/> St Cecilia | <input type="checkbox"/> St Claire | <input type="checkbox"/> St Etheldreda | <input type="checkbox"/> St Katherine | <input type="checkbox"/> St Theresa |
| <input type="checkbox"/> St Dunstons | <input type="checkbox"/> Annexe | | | |

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- Boarding Manager advised
 Accounts advised
 Counsellor advised
 Vice-Principal: Student Affairs advised
 Recorded on calendar

If she believes in herself...she will fly