

GOLDRIDGE PRIMARY SCHOOL

HOSTEL APPLICATION FORM

SECTION ONE

PARTICULARS OF CHILD

SURNAME: _____

FIRST NAMES: _____

DATE OF BIRTH: _____

SEX (Tick appropriate) BOY: _____ GIRL: _____

HOME LANGUAGE: _____

RELIGIOUS DENOMINATION: _____

SECTION TWO

PARTICULARS OF PARENT

FULL NAME OF CUSTODIAN /PARENT: _____

FULL NAME OF GUARDIAN/ PARENT: _____

FULL RESIDENTIAL ADDRESS: _____

FULL POSTAL ADDRESS: _____

ADDRESS TO WHICH CORRESPONDENCE MUST BE SENT: _____

TELEPHONE NUMBER: HOME _____

BUSINESS FATHER _____ CELL FATHER _____

BUSINESS MOTHER _____ CELL MOTHER _____

EMERGENCY CONTACT _____

OCCUPATION OF FATHER _____

OCCUPATION OF MOTHER _____

BUSINESS ADDRESS OF FATHER _____

BUSINESS ADDRESS OF MOTHER _____

E-MAIL ADDRESSES _____

ARE YOU A: SINGLE PARENT YES NO

DIVORCED YES NO

SECTION THREE (3)

MEDICAL PARTICULARS OF CHILD

FAMILY DOCTOR _____

DOCTOR'S TELEPHONE NUMBER _____

NAME OF DOCTOR IN KWEKWE IF DIFFERENT: _____

DOCTOR'S TELEPHONE NUMBER (KWEKWE): _____

NAME OF DENIST: _____

DENSTIST'S TELEPHONE NUMBER: _____

NAME OF DENTIST IN KWEKWE IF DIFFERENT: _____

DENSIST TELEPHONE NUMBER (KWEKWE) _____

MEDICAL IAD SOCIETY: _____

MEDICAL AID NUMBER: _____

NATURE OF ANY MENTAL/PHYSICAL HANDICAP OR ALLERGIES: _____

HAS THE CHILD ANY OTHER MEDICAL PROBLEMS THAT YOU FEEL THE SCHOOL SHOULD KNOW OF? _____

SECTION THREE (4)

GENERAL PARTICLUARS OF CHILD

HAS THE CHILD ANY HISTORY OF BED WETTING? _____

HAS THE CHILD ANY ALLERGY TO ANY KIND OF FOOD? IF SO, PLEASE STATE THE KIND OF FOOD/S? _____

IS THERE ANYTHING OF IMPORTANCE THAT YOU FEEL THE SCHOOL SHOULD KNOW OF? _____

I HEREBY AGREE TO ABIDE BY THE TERMS AND CONDITIONS SET OUT BY SCHOOL AUTHORITIES WHILST MY CHILD IS IN THE CARE OF GOLDRIDGE HOUSE.

FULL NAME: _____

SIGNED: _____ DATE: _____