

APPLICATION FORM FOR ADMISSION TO SPES BONA GIRL STUDENT'S RESIDENCE

NAME OF STUDENT:.....

Block Capitals Please

Student's Cell No

Date of Birth Educational Qualifications

NAME & ADDRESS OF LAST SCHOOL.....

..... Date of Leaving

PROPOSED: Date of Entry to Spes Bona Period of Residence.....

Course of Study Institution for Study.....

MOTHER'S NAME:

I.D. No

Residential Address

.....

.....Code.....

FATHER'S NAME:.....

I.D. No

Residential Address

.....

..... Code

P O Box No:

Telephone Home

Business

Fax No

E-Mail

Cell No

Occupation

P O Box No:

Telephone Home

Business

Fax No

E-Mail

Cell No

Occupation

If parents are separated or divorced, please indicate with whom applicant is living

Signature of person/s responsible for student's residence fees:

Names & addresses of TWO Referees:

1.

.....

.....

2

.....

.....

The Medical Certificate enclosed must be completed by the student's family doctor and must accompany this form, together with a copy of the Student's I.D. Book.

Please state Medical Aid Society Medical Aid Number

I agree that the terms of the Prospectus of the Spes Bona Girl Student's Residence shall be the basis of the contract made on acceptance of this application and **I agree to pay the full year's fee even if the student leaves before the end of the year** and further that the Lady Warden shall stand in loco parentis – with authority to decide on all matters, medical or other, affecting the well-being of my daughter or ward during her period of residence.

Signatures of Parents / Guardians

Date

HOW DID YOU HEAR ABOUT US? (Please tick) Internet ڤ Newspaper ڤ College ڤ Friend ڤ

FOR OFFICE USE ONLY

DATE..... DATE ACCEPTED HR..... M/C REF

COPY OF I.D. Reg/FEE DEPOSIT RECEIVED.....