

APPLICATION FORM FOR ADMISSION TO Schoenstatt Female Students Residence - 2017 -

NAME OF STUDENT:.....
 Block Capitals Please
 Student's Cell No Students E-Mail

Date of Birth Educational Qualifications

NAME & ADDRESS OF LAST SCHOOL.....
 Date of Leaving

PROPOSED: Date of Entry to Schoenstatt 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:

P O Box No:

Telephone Home

Telephone Home

Business

Business

Fax No

Fax No

E-Mail

E-Mail

Cell No

Cell No

Occupation

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, contact & addresses of TWO Referees:

1.

2

.....

.....

Tel:.....

Tel:.....

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 attached signed Schoenstatt Student Residence Terms and Conditions 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 Sister in charge 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?

FOR OFFICE USE ONLY

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

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