



DIE WILGE HIGH SCHOOL HOSTEL

APPLICATION FOR ADMISSION

2019

Tel.no: 018 2905732 (Hostel)
 Fax no: 018 2906244 (Hostel)
 Tel. no: 018 2905487 (School)

Private Bag X1006
 Potchefstroom
 2531

PARTICULARS OF LEARNER

SURNAME	
NAMES IN FULL	
DATE OF BIRTH	
ID NUMBER	
AGE	
SEX	
HOME LANGUAGE	
LSEN NUMBER	
PHONE NUMBER	

PARTICULARS OF PARENTS/GUARDIAN

FATHER		MOTHER	
TITLE		TITLE	
INITIALS		INITIALS	
NAMES IN FULL		NAMES IN FULL	
SURNAME		SURNAME	
ID NUMBER		ID NUMBER	
RELATION		RELATION	
OCCUPATION		OCCUPATION	
EMPLOYER		EMPLOYER	
WORK TEL.		WORK TEL.	
HOME TEL.		HOME TEL.	
CELLPHONE		CELLPHONE	
E-MAIL ADDRESS		E-MAIL ADDRESS	
RESIDENTIAL ADDRESS		RESIDENTIAL ADDRESS	
POSTAL ADDRESS		POSTAL ADDRESS	

UNDERTAKING BY PARENT/GUARDIAN/PROXY

REASONS why the pupil must be admitted to a hostel:

Circle reason below-

- I am not within reach of a school or school bus route
- Living at home will be detrimental to the education of my child because _____
- Although accommodating my child at home will not be detrimental to her/his education, I nevertheless prefer a hostel education because _____.

1. Hostel regulations and rules:

I am aware of the fact that my child's admission is subject to departmental hostel regulations, as well as to the rules of the hostel

I am prepared to comply the above-mentioned and undertake to:

- pay the boarding (fees) regularly and in advance. If my child applied for a bursary and it is successful, I promise to pay the shortfall on the amount owing after the Department of Education approved the bursary and confirmed the amount they will be subsidizing.
- give a terms notice before I remove my child from the hostel
- compensate for any damage to hostel property caused by my child, whatever it may be.

2. Transport

2.1 I am aware of the fact that the hostel is closed during school holidays and that it is my responsibility to provide transport for my child to and from the hostel at my own expense even if admission should be refused to him/her for legitimate reasons. Should I fail to provide transport for my child, the responsible officer may make reasonable arrangements for such transport and recover the costs from me.

2.2 I undertake to notify the responsible officer immediately of any change in my marital state and/or residential or business address, or if I for some reason or other do not want to make use of the accommodation any longer. I undertake to abide by the rules, regulations and conditions.

I undertake not to legal action against Die Wilge High School Hostel or staff for any damages should my child be injured in sport or in extra-mural activities to which I consented.

I declare the information furnished above by me, to be true and correct.

SIGNATURE OF PARENT/
GUARDIAN OR PROXY

DATE

WITNESS

APPROVED:

MRS. R. CLARKE
HOSTEL MISTRESS

DATE

MR. S. NOCANDA
DEPUTY PRINCIPAL



DIE WILGE HIGH SCHOOL HOSTEL

MEDICAL INFORMATION

2019

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Private Bag X1006
 Potchefstroom
 2531

LEARNER INFORMATION

SURNAME	
NAMES IN FULL	
DATE OF BIRTH	
ID NUMBER	
AGE	
SEX	
HOME LANGUAGE	
ADDRESS	
MEDICAL CONDITIONS	
ALLERGIES	

PARENTS/GUARDIAN INFORMATION

FATHER		MOTHER	
SURNAME		SURNAME	
NAMES IN FULL		NAMES IN FULL	
ID NUMBER		ID NUMBER	
EMPLOYER		EMPLOYER	
WORK TEL.		WORK TEL.	
HOME TEL.		HOME TEL.	
CELLPHONE		CELLPHONE	
E-MAIL ADDRESS		E-MAIL ADDRESS	
MEDICAL AID		MEDICAL AID	
MEDICAL AID NUMBER		MEDICAL AID NUMBER	
DEPENDANT NUMBER		DEPENDANT NUMBER	

UNDERTAKING BY PARENT/GUARDIAN/PROXY

1. Medical Treatment:

In extremely urgent cases of illness or an accident where I cannot be consulted in time, I give my consent that:

- the senior house master/mistress of his/her deputy may take the necessary steps to call the best available doctor, or take the child to the hospital, and should a practicing physician regard an emergency operation essential, he/she may give his/her written permission thereto on my behalf;
- I parent/guardian will be responsible for the costs
- I parent/guardian hereby also give permission that should my child feels ill that the matron or staff member on duty may Administer medication as they see fit e.g. headache, runny tummy and nausea

I undertake not to legal action against Die Wilge High School Hostel or staff for any damages should my child be injured in sport or in extra-mural activities to which I consented.

I declare the information furnished above by me, to be true and correct.

SIGNATURE OF PARENT/
GUARDIAN OR PROXY

DATE

WITNESS



HOËRSKOOLO DIE WILGE DIE WILGE HIGH SCHOOL

LSEN / LSOB

Tel. No: (018) 290 6587/8 Skool/School
Faks/Fax: (018) 290 5287 Skool/School
Tel No: (018) 290 5732 Koshuis/Hostel
Faks/Fax: (018) 290 6244 Koshuis/Hostel
Email: diewilge@lantic.net

Privaatsak/Private Bag X1006
Potchefstroom, 2520.
Rocherstraat/street 10,

HOSTEL BURSARY APPLICATION LIST OF IMPORTANT DOCUMENTATION

Parent(s)/Guardian(s) are to submit the following information together with **fully completed** Bursary Application Form that is signed and sworn at SAPD.

DOCUMENTS THAT MUST BE ATTACHED	
1. ID OF LEARNER - VERY IMPORTANT	
2. Copy of ID's of BOTH parents OR Death Certificate ; if applicable	
3. Copy of medical aid card	
4. Affidavit if you are unemployed (both parents if mother AND father are unemployed)	
5. Affidavit from police if you have no contact with the father	
6. Certified copies of LEGAL document ; if it's not your own child (Adoption / Foster care - COURT ORDER)	
7. Certified salary advise ; of the last 3 months of BOTH parents if you want to apply for a bursary	
9. PROOF OF SASSA GRANT INCOME - MOST IMPORTANT DOCUMENT	

NB: Please take note that your application for a bursary will not be considered if all the relevant documents is not attached

It is totally up to the Department of Education to approve Bursaries and for the amount they will approve according to their budget.

A.B. RUDD
HEAD MASTER

S. NOCANDA
DEPUTY PRINCIPAL



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APPLICATION FOR ALLOCATION OF A HOSTEL BURSARY SPECIAL SCHOOLS 2019

General Information

- ❖ This form must be completed by the parent of legal guardian of the learner(s). All particulars must be given in full.
An application which is not completed in full will not be considered.
- ❖ A bursary is valid only until the end of the year of application, hereafter applications have to be renewed should further assistance be required.
- ❖ The completed application form must be submitted to the Principal of the school which learners must attend
- ❖ Completed application forms must be submitted to the school who will forward applications to the relevant departmental official for evaluation and approval.

1. PARTICULARS OF LEARNER(S) FOR WHOM APPLICATION IS BEING MADE

PARTICULARS	LEARNER 1	LEARNER 2	LEARNER 3
Surname			
First Name			
Commencing date (year) of bursary	2020		
Present grade			
School at which bursary will be required	Die Wilge		
Distance between home and school			
Name of nearest school to home which offers the required curriculum support			
School with hostel, nearest to home, which offers the required curriculum support			
Nearest railway station or public bus stop, if any, and distance from home			

2. PARTICULARS OF PARENT/GUARDIAN

2.1 Surname: _____

2.2 Names in full: _____

2.3 Marital status: _____

2.4 Residential address (farm name/district/town/suburb/street):

Postal address:

Tel no: _____(h) _____(w)

2.5 Occupation: _____

2.6 Employer: _____

2.7 Magisterial district in which parent resides: _____

2.8 Number of children who are dependant on parent/guardian, including full-time students under the age of 26 _____

2.9 Particulars of school going dependants (including this applicant):

Name	Date of birth	Name of School	Grade

2.10 Give reasons why your child(ren) must be placed in a hostel if you live within walking distance (5km) from a school or bus route.

2.11 State any special comments which you as parent/guardian wishes to bring to the attention of the Department.

3. PARTICULARS OF GROSS INCOME OF PARENT/GUARDIAN

NB Proof of income must be attached

3.1 Annual gross income of parents/guardian by way of salary, bonuses, wages, Pension, allowances, commission and fixed overtime remuneration					
Particulars	Name and address of employer	Telephone number of employer	Nature of work	Amount of benefit received	Gross income
Yourself					
Your Spouse					
TOTAL					

3.2 Annual income from own business, trade, profession or farming				
Particulars	Nature of business	Registered trade name of business	Amount of benefit received	Gross income
Yourself				
Your Spouse				
TOTAL				

NOTE: Above information must be supported by financial statements co-signed by you and your auditor/accountant/bookkeeper/person who compiles your tax return.

3.3 Other income e.g. maintenance if divorced: maintenance from a charitable body: disability allowance: old age or other pension: rent from property and interest from investment allowances, etc.			
	Received from	Received by way of (Type of grant)	Gross income per year
	SASSA GRANTS		
Yourself			
Your Spouse			
TOTAL			

3.4 TOTAL GROSS INCOME (3.1) + (3.2) + (3.3) = R_____ PER ANNUM

3.5 Statement by Parent/Guardian

I (full name) _____ hereby solemnly declare that I am not in position to provide for the educational needs of the child(ren) mentioned in paragraph 1 without the bursary applied for, that I have not withheld any information concerning my circumstances and that all information furnished in this application form, is correct. I agree that, should it, at any stage, be ascertained that the information provided by me is inaccurate the financial assistance which may have been granted will be cancelled and the amount which has already been paid out will be recovered from me.

Date: _____

Signature: _____

The deponent confirms that he-she is fully conversant with the contents of this statement and understand it.

Sworn to and signed in my presence in _____ on

this _____ day of _____ 20 ____



(MAGISTRATE/JUSTICE OF THE PEACE/
COMMISSIONER OF OATHS)