

## Sacred Heart Secondary School Boarding House

Oakford Priory, P.O. Verulum, 4339 Contact No: 078 629 9152 Email: sacredhearthostel01@gmail.com

## APPLICATION FORM

FOR OFFICE USE

Dat	e Received						
	h Certficate						
	gress report						
	olication Fee						
	erence number						
	nsfer Letter ent's ID copy						
ı aı	ент з то сору						
PA	RTICULARS OF APPLIC	ANT					
1.	Surname						
	First Names						
	Present Postal Address						
	Redidential Address						
	Telephone Number						
	ID Number						
	Place of Birth						
	Home Language						
	Highest Grade Passed	Year					
	Name and address of sch	Name and address of school at ehich the highest grade was obtained					
	Present Grade	Name and address of the school					
	Number of years in pre	sent grade					
	What grade does the A	pplicant want to enter					

BANKING DETAILS
STANDARD BANK
SACRED HEART BOARDING
ACCOUNT NUMBER: 102 007 89447
BRANCH CODE: 042826
BRANCH - DURBAN NORTH



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Grade 8 and 9 (O.B.E) LLC - ZULU MATHS MLMMS TECHNLOLOGY ARTS & CULTURE HUMAN & SOCIAL SCIENCE		LLC - ENGLISH  NATURAL SCIENCE LIFE ORIENTATION ECONOMIC MANAGEMENT SCIENCE COMPUTER LITERACY		
GRADE Grade 10 and 11 (F.E.T) (PLEASE TICK YOUR SELECTION)				
ISIZULU	HL	GEOGRAPHY		
LIFE ORI	ENTATION	LIFE SCIENCES		
ACCN/G	EOG/TOURISM	PHYSICAL SCIENCES		
CAL/LFC	/HISTORY	TOURISM		
BSTB/PH	HSC	HISTORY		
		y other boarding school in the past?		
f so, ple		y other boarding school in the past? and address of the school		
if so, ple	ease provide the name	and address of the school		
if so, ple	ease provide the name ural activities r health usually been g	and address of the school		
f so, ple	ease provide the name ural activities r health usually been g	and address of the school ood?		
f so, ple Extra-m Has thei	ural activities  r health usually been g  Do they suffer any  Mention any serior	ood? fits or illness of any kind?		

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obedient to all staff members.



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6.	PARTICULARS OF GUARDIAN/S					
	6.1	Name				
		Surname				
		ID Number				
		Address				
		Telephone No Emergency No Occupation of Moth				
7.	NAME AND ADDRESS OF PERSON RESPONSIBLE FOR PAYMENT					
	ID NO		CONTACT NO			
	Declaration by Parent/Guradian					
1.	I do hereby undertake to pay all school fees before the due date as set forth in the school prospective					
2.	I undertake to ensure that my child abides by all school and boarding house regulations as set forth in the school prospective.					
3.	I give the school consent to sign on my behalf in case of an emergency and whenever school excursions are undertaken.					
4.		I understand that the school and boarding house will not be liable for a refund should my child be expelled for misconduct.				
5.	I further agree that I will be liable to pay the outstanding fees should I decide to remove my child from the boarding facility or should my child be expelled due to disciplinary action against them.					
6.	I will acce	I will accept liability for any damage which my child may cause to the school, hostel or private property.				
	Signatur	re of Parent/Guardian	Date			
ID N	lumber					

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