

Boarding Admission Form



Name _____ Surname _____

DOB ____ / ____ / ____

Sex F M

Grade/Form _____

Teacher _____

Tuition Paid _____

Ref/ Receipt No. _____

Boarding Fees Paid _____

Ref/ Receipt No. _____

New Boarder

Returning Boarder

Boarder Monthly

Room Allocated _____

Parent/Guardian Name _____

Relationship to Learner _____

Contact Mobile _____ E-mail Address _____

Address _____

Approval to Visit or Pick Learner

Name and contacts of approved visiting and picking up parent/guardian.

Name	Contact Details
1) _____	_____
2) _____	_____
3) _____	_____

Medical Aid Details

Medical Aid Provider _____ Medical Aid Number _____

Name of Member _____ Suffix _____

Medications Handed Over for Administration _____

Signatures: Bursar _____ Signature _____ Date _____

Head _____ Signature _____ Date _____

Matron _____ Signature _____ Date _____

For Official Use

NB - To Be Handed Over to The Matron or Boarding Staff on Duty for Admission of Learner.