Wartburg Kirchdorf Schülerheim

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ADMISSION FORM (AD1)

ID PHOTO

A. PERSONAL INFORMATION

1.1 Surname of Child _____

1.2 Christian Names _____

1.3 Date of Birth _____

1.4 Home Language _____

1.5 Male/Female _____

2.1 Date from which admission is sought _____

2.2 Probable grade of child _____

3. Nationality _____

4.1 Of which church is your child a member _____

4.2 Has your child been confirmed _____

4.3 If there is no church of this denomination in Wartburg, your child must attend one of the following:

English Lutheran ____Roman Catholic _____ Methodist _____ Pentecostal _____

5. May your child participate in purely recreational games on Sunday? _____

6.1 Has application been made for your child to be admitted to any other hostel? _____

6.2 If so, state particulars _____

6.3 Has your child ever been in a hostel before? _____

6.4 If so, please state which hostel? _____

7. Do you have any other children at Wartburg? _____

8. Reason for hostel application _____

_____

Declaration by parent/guardian. Mr /Mrs /Ms (please tick)

1. Full name of parent/guardian _____
2. Full Residential Address _____
3. Postal Address _____
4. Marital Status _____
5. Relationship to child_____
6. Occupation _____
7. Telephone Numbers Home code(_____) _____
   Work code(_____) _____
   Cell _____
   Email _____

Fees/ Payment of fees

In terms of hostel regulations, fees are due and payable in advance and must be fully paid on the first day of each term or according to a monthly payment, arrangement sanctioned by a duly authorized representative of the committee.

The Hostel superintendent shall refuse to re-admit to the hostel at the commencement of the next term, any children in respect of whom there are outstanding fees.

I hereby certify that the information given by me in this form is correct to the best of my knowledge and belief. I am aware of the regulations as set out in part B regarding the payment of fees and hereby accept the responsibility for the payment of the prescribed fees. I furthermore undertake to co-operate with the authorities in the maintenance of good discipline at the Hostel.

Date _____ Signature of parent/guardian _____

WARNING

This application cannot be considered unless all questions are fully and correctly answered.

B Medical Information.

1.a. Has your child had any of the following (YES or NO)

Measles _____ German Measles _____ Diptheria _____ Mumps _____

Typhoid _____ Asthma _____ Chicken Pocks _____ Whooping Cough _____

Scarlet Fever _____ Amoebic Dysentry _____ Rheumatic Fever _____

Heart Disease _____ Cholera _____ Bilharzia _____ Malaria _____ Fits _____

Diabetes _____ Any other _____

1.b. Has your child been immunized against ------ (YES or NO)

Polio _____ Diptheria _____ Whooping cough _____ Tetanus _____ Typhoid _____

2. In the event of serious illness, which Doctor should be called in?
   a. One chosen by the hostel superintendent? _____
   b. Your own Doctor? State name and contact no. _____

3.a. Is your child a bleeder? _____ b.Does he/she wet the bed _____

   c. Is your child allergic to any of the following?

   Penicillin _____ Aspirin _____ Bee-stings _____ Serum _____

   d. Any other allergies? _____

   e. (i) Has he/she any decayed teeth _____

      (ii) Does he/she get toothache? _____

      (iii) When did he/she last visit a dentist? _____

      (iv) Who is your dentist? (Name & address) _____

      _____

   f. Does your child take tablets or other medication regularly? _____

   g. Is your child on medication for fits? _____

   h. Has your child any disabilities? _____ If yes, state nature and extent _____

   _____