



POTCHEFSTROOM HIGH SCHOOL FOR BOYS

Application for Admission HOSTEL

Private Bag X45
Potchefstroom
2520

Tel: 018 294-5339/0
Fax: 018 293-3338
Email: admin@potchboyshigh.co.za
Website: www.potchboyshigh.co.za

OFFICE USE ONLY:

Date Applied:		Account nr:	
Hostel:		Sport House:	

Learner Surname and Name :

Grade applying for:

Year:

Do you require boarding facilities:

Yes ☐

Sport participating in:

PLEASE NOTE

All the following documents MUST accompany this enrollment form.

This application *will not* be processed if *incomplete* and documentation not attached.

All documentation must be mailed (*and not faxed or emailed*) to the above address.

1. Copy of ID of **BOTH** parents / guardian /proxy ☐
2. Proof of employment of **BOTH** parents / guardians, **EVEN IF DIVORCED/ SEPARATED OR SINGLE.** (Copy of salary advice, or bank statement if self employed) ☐
3. Copy of medical aid card (If applicable) ☐

A. Particulars of learner

Surname (learner):	Preferred name:
First names (as on birth certificate):	
Date of birth:	Id no:

B. In case of emergency: friends/relatives (NOT PARENTS) to be contacted

Name:	Name:
Relationship to learner:	Relationship to learner:
Tel. No.:	Tel. No.:

C. Medical info

Allergies	Sports disabilities	Learning disabilities
Home Doctor:		
Medical aid:	Medical aid no:	

Special dietary requirements

No pork	<input type="checkbox"/>	No Fish	<input type="checkbox"/>	No Chicken	<input type="checkbox"/>	Halaal	<input type="checkbox"/>	Vegetarian	<input type="checkbox"/>	Diabetic	<input type="checkbox"/>
None	<input type="checkbox"/>	Other (Specify):									

D. Particulars of main parent / Guardian (PERSON RESPONSIBLE FOR FEES)

Relationship to learner:	Father	<input type="checkbox"/>	Mother	<input type="checkbox"/>												
Guardian (Please specify, e.g. Grandparents, etc)																
Surname:																
Full first names:																
Title:	Mr.	<input type="checkbox"/>	Mrs.	<input type="checkbox"/>	Miss.	<input type="checkbox"/>	Ms.	<input type="checkbox"/>	Dr.	<input type="checkbox"/>	Prof.	<input type="checkbox"/>	Rev.	<input type="checkbox"/>	Adv.	<input type="checkbox"/>
Residential address (not box no)								Postal address (accounts and correspondence)								
Code:								Code:								
Province:								Province:								
Home phone number:								Cell number:								

Signature of Parent / Guardian / Proxy

Date