

SKOOLHOOF
PRINCIPAL

A. J. MULLER



CARPE DIEM

- ✉ - 244 SASOLBURG 1947
- ☎ - (016) 976-0534/5/7
- 📠 - (016) 976-0536
- ✉ - carpe.diem@sasolhigh.co.za
- 🌐 - www.sasolhigh.co.za

HOSTEL APPLICATION FORM
Please complete in FULL using BLOCK LETTERS:

LEARNER'S SURNAME AND INITIALS:.....

FULL NAMES:

SEX(encircle): M / F Age: DATE OF BIRTH:/...../.....

PARENTS / GUARDIANS SURNAME AND INITIALS:.....

OCCUPATION FOR PARENT / GUARDIAN:.....

HOME ADDRESS: POSTAL ADDRESS:

.....

CODE: CODE:

TELEPHONE: RESIDENCE: WORK:

CELL:

HOME LANGUAGE:RELIGION:.....

PRESENT SCHOOL:PRESENT GRADE:

IN WHICH EXTRA MURAL ACTIVITIES DOES YOUR CHILD PARTICIPATE?.....

.....

IS THERE ANYTHING CONCERNING YOUR CHILD OF WHICH WE SHOULD BE INFORMED?

.....

.....

DECLARATION BY PARENT / GUARDIAN: In the event that the above learner is admitted to the hostel, I undertake to abide by the hostel rules and I shall be responsible for the payment of the necessary fees.

SIGNATURE PARENT / GUARDIAN: **DATE:**

PLEASE RETURN THIS FORM TO: Sasolburg High School

Parents will be notified in November as to whether their child has been accepted. Parents are requested to notify the hostel immediately if accommodation is accepted. All further information will be included with the conformation form.

PLEASE NOTE: A copy of the learner's report must be attached.