

# 2021 REVISED APPLICATION FORM, NEW DATES TLHOKOMELO RESIDENCE



(Pty) Ltd 99/27954/07

Physical Address: 530 Moreleta Street, Silverton    Postal Address: Private Bag X1840, Silverton, 0127  
Telephone +27 (0)12 804 8350    Facsimile +27 (0)12 804 9170    Email address: [admin@corncol.co.za](mailto:admin@corncol.co.za)

**PLEASE COMPLETE IN CAPITAL LETTERS AND MARK CORRECT OPTIONS WITH X.  
ACCURACY IS ESSENTIAL. BOYS OVER THE AGE OF 15 WILL NOT BE ADMITTED INTO THE HOSTEL.**

BOARDER'S DETAILS										
Boarder's Surname:					Admin Number:					
Boarder's Full First Names:					Grade:					
Date of Birth: (day/month/year)										
Boarder's ID Number:										
Boarder's Age:					Boarder's Cell Number:					
Please Mark With X:		Female:		Male:		Contract Signed:				
Name/s of sibling/s at Tlhokomelo Residence this year:										

PARENTS' OR LEGAL GUARDIANS' DETAILS (Please notify us as soon as there are changes!)									
DETAILS OF FATHER OR LEGAL GUARDIAN					DETAILS OF MOTHER OR LEGAL GUARDIAN				
Relationship to child:	Father	Step-Father	Other:		Relationship to child:	Mother	Step-Mother	Other:	
Title:	Signature:				Title:	Signature:			
First Name:					First Name:				
Surname:					Surname:				
ID Number:					ID Number:				
Residential Address:					Residential Address:				
Postal Address:	Postal Code:				Postal Address:	Postal Code:			
Cell Number:					Cell Number:				
Tel No. (H):					Tel No. (H):				
Fax No:					Fax No:				
Name of Employer:					Name of Employer:				
Occupation:					Occupation:				
Tel No. (W):					Tel No. (W):				
Work Address:					Work Address:				
Email Address:					Email Address:				
Home address where student lives:									
Means of transport to/from hostel:					Name of driver if car/taxi:				
Alternative Contact's Name (Not Parent/Guardian):					Tel No:				
Alternative Contact's Name (Not Parent/Guardian):					Tel No:				

BOARDER'S HEALTH RECORD (Medical costs are borne by the parents or legal guardians)	
IMPORTANT! Please advise of any health concerns, dietary requirements or daily medication:	
Name and number of Medical Aid:	
Allergies from which your child suffers:	
Other information important for the Hostel Manager:	

<b>PAYMENT SCHEME:</b> Name of person (or fund) responsible for fee payments:				
Signature:			Date:	
Please mark your choice with X:		Annually:	Bi-annually:	Monthly:
<ul style="list-style-type: none"> <li>The application fee of R500 (<b>for new Boarders only</b>) must be included with this application form. The application will not be processed and a place in the hostel will not be considered until the application fee is paid in full.</li> <li>A R200 payment to cover property maintenance during the year (not refundable) must be paid on registration.</li> <li>A non-refundable R500 booking fee will be levied in October for existing boarders who would like to book a place for next year. It will be deducted from January fees next year upon return.</li> </ul> <p style="text-align: center;"><b>Please note that the application fee is not refundable</b></p>				