

# 2022 APPLICATION FORM TLHOKOMELO RESIDENCE

(Pty) Ltd 99/27954/07

Physical Address: 530 Moreleta Street, Silverton    Postal Address: Private Bag X1840, Silverton, 0127  
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**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: <i>(day/month/year)</i>		Contract Signed:	
Boarder's ID Number:			
Boarder's Age:		Boarder's Cell Number:	
Please Mark With X:	Female: <input type="checkbox"/>	Male: <input type="checkbox"/>	
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 <input type="checkbox"/>	Step-Father <input type="checkbox"/>	Other: <input type="checkbox"/>	Relationship to child:	Mother <input type="checkbox"/>	Step-Mother <input type="checkbox"/>	Other: <input type="checkbox"/>
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)	
<b>IMPORTANT!</b> 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 and fund (if applicable) responsible for fee payments:			
Signature:		Date:	
Please mark your choice with X:	Annually: <input type="checkbox"/>	Bi-annually: <input type="checkbox"/>	Monthly: <input type="checkbox"/>
<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>			