

2025 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. NEW BOYS OVER THE AGE OF 15 WILL BE INTERVIEWED BEFORE ADMISSION**

BOARDER'S DETAILS			
Boarder's Surname:		Admin Number:	
Boarder's Full First Names:		Grade:	
Date of Birth: (day/month/year)		Contract Signed:	
Boarder's ID Number:		Boarder's Cell No:	
Boarder's Age:		Boarder's Nationality:	
Please Mark With X:	Female: <input type="checkbox"/>	Male: <input type="checkbox"/>	If not SA, study permit expiry date: _____
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"/>	<input type="checkbox"/> Step-Father	<input type="checkbox"/>	Relationship to child:	Mother	<input type="checkbox"/>	<input type="checkbox"/> Step-Mother	<input type="checkbox"/>
Title:	Signature: _____			Title:	Signature: _____				
First Name:				First Name:					
Surname:				Surname:					
ID Number:				ID Number:					
Residential Address:				Residential Address:					
Postal Address:				Postal Address:					
	Postal Code: _____				Postal Code: _____				
Cell Number:				Cell Number:					
Tel No. (H):				Tel No. (H):					
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 physical or mental health concerns, dietary reqs. or daily medication:	
Name and number of Medical Aid:	
Allergies from which your child suffers:	
Other information important for the Hostel Manager:	

PAYMENT SCHEME: Name of person responsible for fee payments and name of fund/sponsor (if applic.): _____			
Please mark your choice with X:	Monthly in advance: _____	Bi-annually: _____	Annually: _____
Signature: _____	Date: _____		
<ul style="list-style-type: none"> The application fee of R700 (for new Boarders only) 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. A R200 payment to cover property maintenance during the year (not refundable) must be paid on registration. A non-refundable R700 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. <p style="text-align: center;">Please note that the application fee is not refundable</p>			