

2026 APPLICATION FORM 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 Email address: admin@corncol.co.za



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 Thlokomo 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:				Title:			
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 requirements 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 applicable.):			
Please mark your payment scheme 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>			