

# 2027 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 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)                                  |  |
|----------------------------------------------------------------------------------------------------------------------|--|
| <b>IMPORTANT!</b> 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:                                                                  |  |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                     |              |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------|--------------|
| <b>PAYMENT SCHEME:</b> Name of person responsible for fee payments and name of fund/sponsor (if applicable.):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                     |              |
| Please mark your payment scheme choice with <b>X</b> :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | Monthly in advance: | Bi-annually: |
| Annually:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                     |              |
| Signature:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | Date:               |              |
| <ul style="list-style-type: none"> <li>The application fee of R750 (<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 R750 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> |  |                     |              |
| <b>Please note that the application fee is not refundable</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                     |              |