



ORTLOFF'S GARAIPHA HOSTEL

44 de Klerk street - Mokopane
 015491-7540 / 082 850 0922
 ortloffskind@mokopane.za.net



APPLICATION FOR BOARDING

Enrolment 2022

REASONS FOR APPLYING FOR BOARDING:

Learner Information

Surname:		Grade:	
Full names:			
Preferred name:			
Gender : (male/female)			
Identity number:			
Date of birth (dd/mm/yyyy)			
Nationality:			
Residential address:			
Home language:			
Religion:			
Marital status of parents:			
Any of the parents deceased?	Father <input type="checkbox"/> Mother <input type="checkbox"/> Both <input type="checkbox"/>		

Details of Father / Guardian

Full names	
Surnames	
Identity number	
Cell phone number:	
Additional contact number:	
Email address:	
Residential address:	
Postal address:	
Occupation:	
Employer:	
Employer address:	
Work contact number:	

Details of Mother / Guardian

Full names	
Surnames	
Identity number	
Cell phone number:	
Additional contact number:	
Email address:	
Residential address:	
Postal address:	
Occupation:	
Employer:	
Employer address:	
Work contact number:	

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Medical information of learner

Doctor:			
Contact number:			
Medical aid name:			
Medical aid number:			
Main member:			
Allergies:			
Chronic illnesses:			
Other medical conditions:			
Chronic medication:			
Is your child's immunizations up to date	YES	NO	

Emergency contact person (if parents cannot be reached)

Name and surname:		Name and surname:	
Relation to learner:		Relation to learner:	
Contact number:		Contact number:	

Person/s learner resides with

(Complete if this information differs from parents')

Initials and surname:	
Identity number:	
Contact details:	
Relation to learner:	

Person/s allowed to collect learner from school

Name and surname:		Name and surname:	
Identity number:		Identity number:	
Contact number:		Contact number:	
Relation to learner:		Relation to learner:	

Person Responsible for Account

Full names:	
Surname:	
Identity number:	
Occupation:	
Employer:	
Contact number: Work	
Contact number: Home	
Cell phone number:	
E-mail Address:	
Physical address:	
Relation to learner:	

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Medication consent form

Medication: Please note that in order for Ortloff's School to administer the following treatments/medicine to your child you will have to sign in the blocks to give permission for the staff of the School to administer the following treatments/medicine to your Child. Any oral medication will only be administered once we have contacted you telephonically.

Type of medication	Use	Permission to administer (sign)
Bactroban or Gedrmolene	Cuts or scrapes	
Buscopan	Stomach cramps	
Panado syrup/ Ponstan	Fever/ temperature	
Burnshield	Burns	
Anthisan	Insect bites/ stings	
Empaped	Severe pain	
Other (please specify)		

I, _____(Parent's/Guardian's name)

Indemnify the School from any contra-indication or side effect if so occurs when administering the above medication to _____(Child's name). I also do not hold the School responsible for the management of any medication I have provided for my Child, with regard to expiry date and condition of the medicine.

Parent's/Guardian's signature: _____

Date: _____

In the case where a child falls very ill, the parents will be contacted and notified. Should it be late at night and an emergency where the parents could not be reached, the child will be taken to Dr André van den Berg in Ruiters Street - Mokopane. Dr van den Berg is our Emergencies on Call Doctor. Please be advised, should your child need medical attention and we take your child to the Doctor you as Parent / Guardian will be responsible for the Doctor's account.

I, _____ (Name of parent/guardian) hereby understand the above regarding medical assistance in case of emergencies. I also acknowledge in signing below I fully understand everything in this regard.

Parent Signature

I acknowledge that should my child *is to be withdrawn from boarding*, I will give the school **no less than 1 month's notice in writing**. No notice will be accepted from October through November. I also acknowledge that I have read the attached information regarding fees, rules and the Terms of the Boarding.

SIGNED: _____

DATE: _____

PARENT / GUARDIAN

Initial

Payment section:

Collection system (debit order arranged by Ortloff's).

Please complete:

Name of account holder:			
Name of bank:			
Account number:			
Account type:	Current(ch cheque)	Savings	Transmission
Branch code:			
Collection Date (Tick)	I	7	15

ORTLOFF'S GARAIPHA HOSTEL CONSENT AND INDEMNITY FORM

I, (FULL NAME OF PARENT / GUARDIAN)	
IDENTITY NUMBER	
HOME ADDRESS	

The parent / legal guardian of _____ (FULL NAME OF CHILD), hereby give my consent for my child to reside and take part in any and all activities of the Ortloff's Garaipha Hostel, whether conducted on the school premises or extra-mural, but not limited to games, athletics, tours and excursions of general, vocational, educational, historical or scientific interest.

I fully understand and accept that such residence and all activities shall be undertaken at my and my child's own risk and I undertake, on behalf of myself, my spouse, my executors and my aforesaid child to indemnify, hold harmless and absolve Ortloff's Preparatory School and Garaipha Hostel, its Management, the Principal and the Staff against and from any and all claims whatsoever which may arise in connection with any loss or damage or death to the person of my aforesaid child in the course of his/her residence and such activities.

In the event of my child being injured, or in the event of illness, I hereby authorize the Ortloff's Preparatory School and Garaipha Hostel and/or its agents and parents to procure such medical treatment/surgery as may be deemed necessary, hereby authorizing them, on my behalf, to sign inter alia a consent to surgical and other procedures with the understanding that the School and/or its agents will Endeavour to contact and inform the parents/legal guardian prior to such consent being signed. I hereby indemnify Ortloff's Preparatory School and Garaipha Hostel, its employees, agents or parents from all medical and hospital costs occasioned thereby.

DATED AT _____ THIS _____ DAY _____ 20_____

(SIGNATURE OF PARENT/LEGAL GUARDIAN)

WITNESS

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Fees, Rules and Terms of Garaipha Boarding Home

1. PAYMENT OF FEES

I undertake to pay the Administration fee of R200.00 (yearly) and the hostel fees in advance on/before the 15th day of each month. I understand that my child(ren) will not be able to board unless the fees have been paid. School and hostel fees will be debited as one amount. In the event of school fees not being paid and the account is handed over for collection, I agree to payment of attorney and client fees.

2. WEEKENDS

I understand that my child cannot stay at the hostel over weekends and I undertake to collect my child by 16h00 every Friday.

3. SCHOOL HOLIDAYS

The hostel will be open during school holidays on the same principle as during the term.

4. MEALS

Boarders will be provided with breakfast, lunch, a mid-afternoon snack and supper.

5. LAUNDRY

The hostel does not have a laundry service. Adequate clothing (including school uniforms) must be packed for the boarders. Please send a laundry bag with your child so that we can put the dirty clothing in the bag (plastic or material it doesn't matter)

6. BEDDING

Bedding will be supplied by the hostel.

7. TOILETRIES (Must be provided by the parent every term)

- 1x Towel
- 3x Toothpaste tubes (age appropriate)
- 1x Toothbrush
- 1x Facecloth
- 1x Aquas Cream
- Toothbrush cover
- Soap holder
- Laundry bag (for dirty clothes)
- 1x Big Vaseline
- 5x bars of 200gr soap every term
- Brushes or combs
- 18x Rolls toilet paper *for the year*.

8. Rules and guidelines for Garaipha Hostel

- Please drop your child at the hostel every Monday morning with their bags. No child will be allowed to come to the Hostel on a Sunday evening. Children must be collected on Fridays before 17h00.
- Bags must be dropped at the hostel on Monday morning.
- Any medication must be given to the Hostel Teachers. Medicine must be put into a small cooler bag (available at Pep stores). Clearly mark the cooler bag and the medicine and give clear instructions of how medication must be given.

- Please make sure that your contact details are always up to date in case the Teachers need to contact you during the night for emergencies. If there are any changes please notify the office or the Hostel Teachers.
- Parents are not allowed to come visit the children during the week from 17h00. Parents are also not allowed to bring the children extra food or sweets. They are provided with Meals that are more than enough.
- Gr.R – Gr.7 parents can provide a packet of chips for break time every day of the week.

You may contact the Teachers at the Hostel on the following numbers to make any arrangements regarding your child. The best time to contact the Teachers will be from 15h00 in the afternoons.

Annette (girls) 072 970 4251

Maria (boys) 081 861 4461

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