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E | info@isahostel.co.za

W | www.isacarstens.co.za

ACCOMMODATION APPLICATION

R100 non-refundable application fee to be included with this application.

For electronic transfer purposes, our banking details are as follows: Beneficiary: Isa Dameskoshuis, Bank: ABSA Stellenbosch, Branch Code 632005, Account No 4058158479, Type of Account: Current, Ref: Student name and surname. Please fax proof of payment to 086-643-3731

A. STUDENT DETAILS

Nick name									Sı	ırnar	ne												
Full names																							
ID Number														Date	e of	birth	1						
Home language		Afrikaans English Oth								ner													
Other specify																							
Population group																							
Religion																							
Citizenship																							
School attended																							
Home address																							
																Р	osta	l co	de				
				•		•	•						•		•								
Student contact detail	ils																						
Home Tel Nr																							
Cell Nr																							
E-mail																							
		•			•			•	•			•									•		
Study Information		Name of Course										Duration											
Isa Carstens																							
US																							
Other																							

FOR OFFICE USE ONLY:									
Application received	Application fe	Application fee received							
Date:	Date:	Receipt nr.							
Student Hostel registration nr.									

Superstrike Investments 121 (Pty) Ltd Co/Mpy Reg 2003/007438/07 VAT/BTW 4640207892

Friends for Life

B. LEADERSHIP & ACHIEVE	EMENTS (Mark where appropriate and specify if necessary)
Head girl	
Head girl of hostel	
Deputy head girl	
Deputy head girl of hostel	
Prefect	
Hostel prefect	
House captain	
Sport/cultural/society/leader (e.g. sport team, orchestra, Scouts, etc.)	
Provincial/National leader	
School committees	
Special awards	
Other	
C. CULTURE (Mark where ap	ppropriate and specify if necessary)
Music	
Drama	
Art	
Debating	
Eistedfods	
Other	
D. ADDITIONAL INFORMATI	ON (Mark where appropriate and specify if necessary)
Physical challenges	
Medical Fund No.	
Plan and number	
Main member full names	
Main member ID number	
Other	
E. SPORT (Mark where appro	priate and specify type of sport)
Provincial/National team/s	
Club team	
School 1 st team/s	
School 2 nd team/s	
Any other team/social team	
Sport coaching or other	
Additional sport courses	
Other	
F. HOW DID YOU HEAR OF necessary)	THE ISA DAMESKOSHUIS (Mark where appropriate and specify if
Isa Carstens Academy	
Isa Student/Ex-Student	
House Committee Member	
School visit	
Open day/Career Expo	
Family / Friends	
Website	
Other	

G.1 DETAILS OF	FA	ſΗΕ	R/C	3U/	4R[DIA	N (I	Deta	ails	of	bot	h pa	are	nts	mu	st k	oe c	con	ple	etec	l pl	ease)	
Relationship			Fat	her													Guardian							
Title		Pro	of)r					M	lr					M	lrs			
Surname																	Initial		s					
ID Number																								
Address Information	n																							
Home address																								
																	Po	osta	l co	de				
Postal address																								
(for accounts)																								
																	Postal code							
Home Tel Nr.																								
Work Tel Nr.																								
Cell Nr.																								
E-mail																								
Occupation																								
Employer																								
	≥	R12	0 0	00				1	≥F	R200	000	0					≥ F	30	0 00	00				
Parents income	≥ [R150	00 0	00			≥ R250 000									R3	300	000	+					
G.2 DETAILS OF	МО	THE	ER/	GU	AR	DIA	N																	
Relationship			Mot	ther													Guardian							
Title		Pro	of)r					M	lr					M	lrs			
Surname																	Ini	tials	;					
ID Number																								
Address Information	n																							
Home address																								
																	Po	osta	l co	de				
Postal address																								
(for accounts)																								
																	Po	osta	l co	de				
Home Tel Nr.																								
Work Tel Nr.																								
Cell Nr.																							İ	
E-mail																							İ	
Occupation																								
Employer																								
Parents income	≥	R12	0 0	00					≥F	R200	000	0					≥ R300 000							
Parents income	≥ R150 000 ≥ R250 000 F							R300 000 +																

H. PARKING										
Should you be interested in renting a parking bay, please complete the information below.										
 This application should not be seen as a guarantee that parking is available. 										
2. Senior students will get preference as there are limited parking bays available.										
Type of vehicle/scooter										
Colour										
Registration Nr.										
Registered owner of vehicle/scooter										

FOR OFFICE USE ONLY				
Parking bay allocated	Yes	No	On waiting	
Remote control issued	Yes	No	list	

I. DECLARATIONS

Declaration by Student

I hereby declare

- (a) that the particulars furnished in this application are true and correct;
- (b) that I fully understand that management is entitled to cancel my registration immediately, should it become apparent that any of the particulars furnished above in this application is untrue or incorrect;
- (c) that I have acquainted myself, and in the future will keep myself acquainted with the contents of the residence rules and regulations;
- (d) that I undertake throughout the academic year for which I register as resident, to abide by the rules and regulations of the residence and be subject to the disciplinary code and procedure of the residence.
- (e) that I undertake not to bring any claim, of whatever kind against Superstrike Investments 121 (Pty) Ltd or any employee of the residence, nor in any way whatsoever, hold the residence liable for any damage or loss, which I may incur or suffer personally, or in property of mine and which directly or indirectly arises from my participation during my period as resident. However, I will participate in activities on my own responsibility and will accept, on my own free will, the risk attached thereto;
- (f) that I authorise the residence management in the event of me requiring urgent medical treatment to get appropriate medical assistance and I accept responsibility for the payment of the costs thus incurred. I accept that the Residence has not arranged any medical or short term insurance for myself. I will immediately get the necessary medical advice or treatment if I have reason to suspect that I have any contagious or infectious disease capable of creating a risk for other persons through my participation in any aspect of residence activities;
- (g) that I undertake to pay punctually all such fees as the residence may from time to time charge during the academic year for which I register as a resident;
- (h) that I furthermore undertake to defray all legal costs arising for the residence in the event of my failure to discharge any duty relating to the payments mentioned in (g) above;
- (i) that accommodation is allocated for one academic year. A new application form must be completed at the end of each year of staying in the residence;
- (j) Refund Policy
 - Should the application be cancelled before registration, the applicant/parent will forfeit the non-refundable registration/administration fee of R6 000-00.
 - Should the application be cancelled after registration and before 30 June of the occupied year, the applicant/parent will forfeit the non-refundable registration/administration fee, any costs incurred by the Recipient during its occupancy plus an additional 3 (three) months of the academic year's accomoodation costs.
 - Should the application be cancelled after 30 June of the occupied year, the applicant/parent will forfeit the full accommodation cost for the academic year.

Signature of Student					
Date (DD/MM/YYYY)					

Declaration by parent/guardian

I hereby declare that

- (a) I have acquainted myself with the contents of, and consent to, the declaration by my daughter and that the particulars furnished by her in this application form are true and correct;
- (b) I consent in particular to my daughter's undertaking throughout all her years of residence to abide by the residence regulations and rules as laid down and reviewed from time to time by the board or by any other body or person attached to the Residence;
- (c) I accept jointly and severally responsibility with my daughter for the payment of all fees referred to which may become due and payable to the Residence during the year for which she registers as a resident at the Residence.
- (d) Refund Policy
 - Should the application be cancelled before registration, the applicant/parent will forfeit the non-refundable registration/administration fee of R6 000-00.
 - Should the application be cancelled after registration and before 30 June of the occupied year, the applicant/parent will forfeit the non-refundable registration/administration fee, any costs incurred by the Recipient during its occupancy plus an additional 3 (three) months of the academic year's accomoodation costs.
 - Should the application be cancelled after 30 June of the occupied year, the applicant/parent will forfeit the full accommodation cost for the academic year.

Signature of parent/guardian					
Capacity (Father/Mother/Guardian)					
Date (DD/MM/YYYY)					

NB: THE FOLLOWING DOCUMENTS ARE REQUIRED TOGETHER WITH THIS APPLICATION:

- LATEST ACADEMIC RECORDS
- DETAILED CV
- TESTIMONIALS