

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

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

[illegible]

Application received Date:	Application fee received Date: Receipt nr.
Student Hostel registration nr.	

B. LEADERSHIP & ACHIEVEMENTS (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 appropriate and specify if necessary)	
Music	
Drama	
Art	
Debating	
Eistedfods	
Other	
D. ADDITIONAL INFORMATION (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 appropriate 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 THE ISA DAMESKOSHUIS (Mark where appropriate and specify if necessary)	
Isa Carstens Academy	
Isa Student/Ex-Student	
House Committee Member	
School visit	
Open day/Career Expo	
Family / Friends	
Website	
Other	

G.1 DETAILS OF FATHER/GUARDIAN (Details of both parents must be completed please)																																				
Relationship	Father												Guardian																							
Title	Prof						Dr						Mr						Mrs																	
Surname																			Initials																	
ID Number																																				
Address Information																																				
Home address																																				
Postal address (for accounts)																																				
Home Tel Nr.																																				
Work Tel Nr.																																				
Cell Nr.																																				
E-mail																																				
Occupation																																				
Employer																																				
Parents income	≥ R120 000												≥R200 000												≥ R300 000											
	≥ R150 000												≥ R250 000												R300 000 +											
G.2 DETAILS OF MOTHER/GUARDIAN																																				
Relationship	Mother												Guardian																							
Title	Prof						Dr						Mr						Mrs																	
Surname																			Initials																	
ID Number																																				
Address Information																																				
Home address																																				
Postal address (for accounts)																																				
Home Tel Nr.																																				
Work Tel Nr.																																				
Cell Nr.																																				
E-mail																																				
Occupation																																				
Employer																																				
Parents income	≥ R120 000												≥R200 000												≥ R300 000											
	≥ R150 000												≥ R250 000												R300 000 +											

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 accommodation 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**