

Attach ID photo here

## **PUTUAVANGA SENIOR SECONDARY SCHOOL**

Box 32 Opuwo

Tel: +264(0)65-273072 | Fax: +264 (0)65-273352

Email: putuavanga@gmail.com

APPLICATION FOR HOSTEL ADMISSION 2018 – Closing 25 July 2017						
Name of Learner:						
Cross in the boxes						
DATE OF BIRTH	Date	Month	year			
GENDER	M	F				
HOME LANGUAGE		•				
CURRENT SCHOOL						
IF NO, STATE REASONS						
THE LEARNER'S PARTICIPATION IN SPORTING ACTIVITIES						
Please include below details of the sporting in which the learner is currently involved, as well as details of any sporting achievements of which the learner is proud.						
Sporting Activities and Achievements						
It is compulsory for learners admitted to the School to participate in sporting activities. Learners will only be excused from participating in sporting activities for valid medical reasons.						
WITH WHOM DOES THE CHILD STAY?						
Eathor						

	WITH WHOM DOES THE CHIED STATE				
	Father				
	Mother				
Guardian from mothers side					
	Guardian from fathers side				

## TO WHICH CHURCH DO YOU BELONG

ANY SICKNESS/ALLERGIES THAT THE HOSTEL STAFF SHOULD KNOW, GIVE RESTRICTIONS OF YOUR SICKNESS E.G NOT WORKING IN DUST. (PROOF TO BE SUBMITTED TO THE SUP UPON RE-OPENING OF THE HOSTEL.					
OF ENTITION OF THE HOUSE.					
PARTICULARS OF PARENTS OR	GUARDIANS				
	Father/Guardian	Mother/Guardian			
Surname					
Full Names					
Employment					
Residential Address					
Tel (Home)					
Tel (Work)					
Cell					
E-mail address					
Box					
The Following documents mus	st accompany this applica	tion form			
Certified Copy of Full birth cer	tificate				
Certified copy of April end of					
Certified copy of Testimonial t					
Recent passport					
I					
· ·		derstand that my child must abide stel and he/she must obey all hostel			
I give/do not give (please cyc and outing at his/her own risk		to participate in hostel activities			
Signature of Learner					
Signature of Parent					

## LATE APPLICATIONS WILL NOT BE ACCEPTED!!