

# ESTERHUIZEN HOUSE ADMISSION FORMS - 2023

Date form which admission sought: \_\_\_\_\_

This document consists of 6 pages.  
Please Initial each page.

## TERMS AND CONDITIONS

### **NB**

1. This form must be completed by the **PARENT** or **LEGAL GUARDIAN**.
2. The application will not be considered unless **ALL** questions have been answered. Where blocks are provided please mark with an **X**
3. **Please read part E carefully before signing the declaration.**  
**IN TERMS OF REGULATIONS, BOARDING FEES ARE DUE IN ADVANCE, AND MUST BE FULLY PAID ON THE FIRST DAY OF EACH QUARTER**  
**Directly into Bank account and Deposit Slip Presented on Arrival of First Day of Term**
4. The Banking Details are as follows:  
Name of Account: Linpark High School  
Name of Bank: ABSA  
Account Number: 41-0197-0041  
Branch code: 632005  
**Reference: BE following the child's admission number**  
**Fax copy of deposit slip to: 086 474 1538 OR 033 – 344 2219**
5. **NB: Superintendent is empowered to refuse the re-admission of any child in respect of whom there are outstanding fees.**
6. Breakage at hostel will be replenished by parent/guardian and will be charged onto the hostel account.
7. Terms notice, in writing, must be given to the Superintendent of intention to remove child from hostel.
8. Any child arriving at hostel who cannot prove payment of terms fees will be treated as an abandoned child and handed immediately to Welfare or the South African Police Services for safe-keeping. Hostel does not accept any responsibility whatsoever for such children.
9. Parents/Guardians are obliged to inform the superintendent of any medical condition, illness, and allergies, physical or mental disorders experienced by the child.
10. Parents/Guardians are responsible for **all** and any medical expenses of the child.
11. Parent/Guardian hereby grants permission for child to participate in all hostel functions/outings.
12. Parent/Guardian hereby grants permission for child to use public transport including trips to town.
13. Understand that if child is expelled – no refund will be paid by the hostel.
14. Expulsion letter read / signed and understood.
15. Separate form must be completed for each child for whom accommodation is sought.
16. I/We are hereby informed and accordingly consent to the processing of our personal information as set out in this agreement. The extent of the personal information relates to the personal, identifying, contact, residential, financial, correspondence, educational and behavioural information, as well as any assessments, evaluations and interpretations in respect of any of the aforesaid [hereinafter referred to as "Personal Information" as read with and otherwise contemplated in terms of the Protection of Personal Information Act 4 of 2013 ("POPIA")] and which Personal Information,

subject to clause 16 hereunder the school and the Governing Body may collect, store, delete, outsource, transfer or otherwise process, as the context and circumstances may require from time to time, as contemplated in terms of POPIA.

17. I/We are hereby further informed and accordingly consent(s) that Personal Information shall be collected for purposes relating to the relationship that formed between the School, the Governing Body and I/us upon the enrolment of the learner(s) at the School, and that will continue to exist for as long as the learner(s) is enrolled at the School (“relationship”) and all Personal Information required for processing incidental to the formation of this relationship. Such Personal Information shall only be processed by the School and the Governing Body or an authorised third-party operator for purposes relating to the aforesaid relationship, or any other third party where required in terms of applicable law, or where any additional information not incidental to the aforesaid relationship (if applicable) is processed by the School and the Governing Body in accordance with the circumstances, upon receiving prior consent from me/us.
18. I/We hereby acknowledge and accordingly consent that the School and Governing Body may outsource the processing of my/our Personal Information to third party operators from time to time as the relevant circumstances incidental to the relationship may require, in accordance with the relevant provisions of POPIA.
19. I/We undertake to inform the School and Governing Body of any change in my/our Personal Information during the duration of the relationship.
20. I/We shall be entitled to request reasonable access to the Personal Information held by the School and Governing Body, in accordance with sections 23 and 24 of POPIA, as well as the correction, reduction or deletion thereof, as the relevant circumstances may require.

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

**Please submit the following documentation with this application:**

- 1. Certified copy of Birth certificate of learner**
- 2. Certified copy of Id of both parents/guardian.**
- 3. Certified copy of Medical aid card**

**A. INFORMATION ABOUT BOARDER**

CHILD'S FULL NAMES: \_\_\_\_\_

SURNAME: \_\_\_\_\_

DATE OF BIRTH/ID NO: \_\_\_\_\_

CELL PHONE NO.: \_\_\_\_\_

**NB: MEDICAL INFORMATION CONDITIONS EG. ASTHMA, EPILEPSY,  
DIABETES ETC**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

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**B. INFORMATION ABOUT PARENTS / GUARDIANS**

**PARENT 1/GUARDIAN:**

NAME AND SURNAME: \_\_\_\_\_

RESIDENTIAL ADDRESS: \_\_\_\_\_

\_\_\_\_\_

POSTAL ADDRESS: \_\_\_\_\_

PHONE NUMBERS: HOME: \_\_\_\_\_

WORK: \_\_\_\_\_

CELL: \_\_\_\_\_

IDENTITY NUMBER: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**PARENT 2/GUARDIAN:**

NAME AND SURNAME: \_\_\_\_\_

RESIDENTIAL ADDRESS: \_\_\_\_\_

\_\_\_\_\_

POSTAL ADDRESS: \_\_\_\_\_

PHONE NUMBERS: HOME: \_\_\_\_\_

WORK: \_\_\_\_\_

CELL: \_\_\_\_\_

IDENTITY NUMBER: \_\_\_\_\_

PARENT 1/GUARDIAN: \_\_\_\_\_

DATE: \_\_\_\_\_

PARENT 2/GUARDIAN: \_\_\_\_\_

DATE: \_\_\_\_\_

**C. MEDICAL AID DETAILS:**

CHILD'S NAME: \_\_\_\_\_

MEDICAL AID: \_\_\_\_\_

MEDICAL AID MEMBERSHIP NUMBER: \_\_\_\_\_

PRINCIPAL MEMBER: (Full name & surname): \_\_\_\_\_

PRINCIPAL MEMBER IDENTITY NUMBER: \_\_\_\_\_

**(Please provide us with a certified copy of main members ID and a copy of the medical card)**

**D. FAMILY MEMBER OR FRIEND NOT LIVING IN SAME HOUSE FOR EMERGENCY**

**PURPOSE:**

FULL NAMES: \_\_\_\_\_

SURNAME: \_\_\_\_\_

CONTACT PHONE NUMBERS: HOME: \_\_\_\_\_

WORK: \_\_\_\_\_

CELL: \_\_\_\_\_

**E. DECLARATION BY PARENT/GUARDIAN:**

I, (full name) \_\_\_\_\_ do hereby

- i. Certify that the information given by me on this form is, to the best of my knowledge and belief, correct;
- ii. Undertake to advise the Principal/Superintendent immediately should I change my address, or if there is any other change in my circumstances which affects the correctness of the information furnished;
- iii. Undertake to co-operate with the authorities in maintaining good discipline in the institution;
- iv. **ACCEPT FULL AND SOLE RESPONSIBILITY FOR THE PAYMENT OF THE PRESCRIBED FEES.**

- If this declaration is completed by a married woman, please indicate whether married in community of property or not.

In community of property		Out of community of property	
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SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

**ESTERHUIZEN HOUSE AGREEMENT**  
**SERIOUS MISCONDUCT - EXPULSION**

I,(full names and surname) \_\_\_\_\_ hereby acknowledge, and fully understand that the behaviors mentioned below are totally and utterly unacceptable at Esterhuizen House.

**Participating in any of these behaviors may lead to expulsion etc., failure to report any such behavior could lead to expulsion.**

**UNACCEPTABLE BEHAVIOUR:**

- **SMOKING:** Cigarettes, Dagga ect.
- **USING, BEING IN POSSESSIONS OF OR DEALING IN BANNED SUBSTANCES:**  
Alcohol, drugs, including medication
- **PORNOGRAPHY:** IN ANY FORM
- **SEXUAL INTERCOURSE**
- **BED FLIPPING:** Tipping fellow hostel dwellers beds
- **VANDALISM:** Damaging of any property
- **THREATENING ANYONE:** Intimidation, verbal abuse
- **POSSESSION OF OR USE OF WEAPONS:** In any form including sharpened objects, belts, chains, furniture
- **PHYSICAL CONTACT:** Fighting
- **BUNKING OUT OF HOSTEL:** Leaving without following sign out procedures.
- **SUPPLYING FALSE INFORMATION:** to Boarder masters, Matrons, Boarder Mistress, Superintendent or House Mother
- **THEFT:** The removal of another's property without their expressed permission
- **PLAYING WITH THE FIRE EXTINGUISHERS**

1. The Hostel RULES, Superintendent and all those in whose care I am will be respected
2. Hostel property will be looked after.

3. By my signature on this page I hereby show that I agree to abide by the conditions set out before me.
4. I will behave in an orderly and disciplined manner at all times.

SIGNATURE OF STUDENT: \_\_\_\_\_  
PRINT NAME OF STUDENT: \_\_\_\_\_  
DATE: \_\_\_\_\_

I have understood and accept the contents of this page.

SIGNATURE OF PARENT 1/GUARDIAN: \_\_\_\_\_  
NAME OF PARENT 1/GUARDIAN: \_\_\_\_\_  
DATE: \_\_\_\_\_

WITNESS: \_\_\_\_\_  
(SUPERINTENDENT)

DATE: \_\_\_\_\_

List of things the child must bring when entering the Hostel:

1. Own bedding,
2. Padlock for locker.
3. Snacks for in between, children is not allowed into the kitchen.
4. Laundry will be done for the children, please make sure everything is properly marked.
5. Pocket money

The Superintendent  
Esterhuizen House  
Claude Forsythe Road  
Pietermaritzburg  
3200

Dear Sir,

I/We \_\_\_\_\_ ,  
the Parent/Guardian of \_\_\_\_\_ , hereby *grant permission / do not grant permission*, for my child TO MAKE USE OF PUBLIC TRANSPORT for Hostel outings including trips to Town and for weekends and School Holidays.

PLEASE SPECIFY BELOW WHETHER YOU GIVE PERMISSION FOR NOT, FOR YOUR CHILD TO SLEEP OVER AT FRIENDS OR RELATIVES PLACE DURING WEEKENDS.

I/We \_\_\_\_\_ ,  
give *permission / do not give permission*, for my/our child to sleep over at friends or relatives places during weekends.

**NB: THIS LETTER IS VALID FOR ONE YEAR FROM DATE OF SIGNING.**

Signature of Parent 1/Guardian \_\_\_\_\_

Name of Parent 1/Guardian in print: \_\_\_\_\_

Signature of Parent 2/Guardian \_\_\_\_\_

Name of Parent 2/Guardian in print: \_\_\_\_\_

Dated: \_\_\_\_\_