

Laerskool Gill Primary

JUNIOR HOSTEL BOARDING

APPLICATION FORM



Year applied for : **2026**

Boarding options : **1 day a week :** **2 days a week :** **3 days a week :** **4 days a week :**

Monday: Tuesday: Wednesday: Thursday: (Please tick what days your child will attend aftercare)

Section 1: Learner's personal details

Surname :
Full name :
Preferred name :
ID number :

Home Language : Date of birth :
Lives with parent/guardian : Learners Tel no :

Gender : Male Female Date of Birth :

Current age : Current grade :

Section 2: Learner's medical details

Family doctor

Name : Tel no :
Address :

Medical aid

Name : Tel no :
Main member initials and surname :
Main member ID number :
Medical aid plan :
Allergies : Cell number :

Section 3: Learner's medical details - consent

- In a critical medical situation there may not be time to refer to the learner's records. The Hostel therefore reserves the right to utilise the quickest medical service available.
- Every effort will be made to contact the learners' parents, step parents, legal guardian or emergency contact before such action is taken.
- The person responsible for aftercare/boarding payments will be responsible for the payment of such care or treatment.

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Section 3: Learner's medical details - consent

I hereby agree that a medical practitioner/ the quickest medical service available may provide emergency treatment as deemed necessary.

Name of parent/legal guardian

Signature

Date

Section 4: Personal details of father, stepfather, or legal guardian

Name and surname as on ID :

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ID number :

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Address :

					Tel home					
					Tel work					
					Cell					

Email address :

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Section 5: Personal details of mother, stepmother, or legal guardian

Name and surname as on ID :

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ID number :

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Address :

					Tel home					
					Tel work					
					Cell					

Email address :

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Section 6: Emergency contact details (not parental)

Name and surname as on ID :

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ID number :

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Address:

					Tel home					
					Tel work					
					Cell					

Email address :

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Section 7: Contact details -person responsible for payment of fees

Name and surname as on ID :

ID number :

Address :

Email address :

				Tel home								
				Tel work								
				Cell								

Section 8: Personal details of person fetching learner from aftercare/boarding (if different from above)

Name and surname as on ID :

ID number :

				Tel home								
				Tel work								
				Cell								

Section 8: Payment , terms and conditions

- Registration occurs annually
- Fees are payable monthly in advance into the hostel's account on or before the 7th day of each calendar month. No pro rata payments are permitted.
- The minimum registration period is 1 (one) term.
- Notice of cancellation will only be accepted on a monthly basis, at least 2 (one) weeks before the end of the month. The necessary cancellation notice is available from the hostel.
- The notice of cancellation will only be valid if signed by the parent/legal guardian and an authorised school representative.
- If the learner is not making use of the aftercare facilities for a full month and no notice of cancellation was received, the person responsible for payment will still be liable to pay the full amount for the month.
- Learners whose fees are not up to date will not be allowed back until the fees are settled.
- On a Friday boarding/hostel learners need to be picked up at 2 o'clock. Our boarding/Hostel facilities are closed over the weekend.
- Boarding/Hostel learners may be dropped off on a Sunday evening between 5 and 6pm. Please provide your child with a lunchbox for the evening as our kitchen will not be open.

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Section 9: Payment details

BOARDING	PER ANNUM	PER TERM
Term Boarding	R 37 000,00	R 9 250,00
Boarding 3 nights	R 30 800,00	R 7 700,00
Boarding 2 nights	R 22 500,00	R 5 625,00
Boarding 1 night	R 12 950,00	R 3 237,50

Includes 3 meals, assistance with home work and co-ordinating sport practices.

Banking details:
Absa -33 44 18
Account nr - 22 00 141 140
Ref: name and surname

- NB - not the same as the schools banking details

Name of person responsible for fees

Signature

Date

Name of authorised school
representative

Signature

Date