

APPLICATION FORM FOR ADMISSION TO Villa Maria Female Students Residence - 2021 -

NAME OF STUDENT:.....
Block Capitals Please
Student's Cell No Students E-Mail

Date of Birth Educational Qualifications

NAME & ADDRESS OF LAST SCHOOL.....
..... Date of Leaving

PROPOSED: Date of Entry to Villa Maria Period of Residence.....

Course of Study Institution for Study.....

MOTHER'S NAME:
I.D. No
Residential Address
.....
.....Code.....

FATHER'S NAME:.....
I.D. No
Residential Address
.....
..... Code

P O Box No:

P O Box No:

Telephone Home

Telephone Home

Business

Business

Fax No

Fax No

E-Mail

E-Mail

Cell No

Cell No

Occupation

Occupation

If parents are separated or divorced, please indicate with whom applicant is living

Signature of person/s responsible for student's residence fees:

Names & addresses of TWO Referees:

1.
.....
.....

2
.....
.....

The Medical Certificate enclosed must be completed by the student's family doctor and must accompany this form, together with a copy of the Student's I.D. Book.

Please state Medical Aid Society Medical Aid Number

I agree that the Villa Maria Female Student's Residence Terms and Conditions shall be the basis of the contract made on acceptance of this application and **I agree to pay the full year's fee even if the student leaves before the end of the year** and further that the Sister in charge shall stand in loco parentis – with authority to decide on all matters, medical or other, affecting the well-being of my daughter or ward during her period of residence.

Signatures of Parents / Guardians

Date

HOW DID YOU HEAR ABOUT US? (Please tick) Internet ڤ Newspaper ڤ College ڤ Friend ڤ

FOR OFFICE USE ONLY

DATE..... DATE ACCEPTED HR..... M/C REF

COPY OF I.D. Reg/FEE DEPOSIT RECEIVED.....