

**APPLICATION FOR ADMISSION**



**REVEAL**  
YOUR TALENTS



**REIGNITE**  
SPORTING PASSION



**REDISCOVER**  
A LOVE FOR SCHOOL

# REDDFORD HOUSE

## THE HILLS RESIDENCE



**REDDFORD**  
— HOUSE —

THE ULTIMATE EXPRESSION OF EXCELLENCE

 [reddford.co.za](http://reddford.co.za)

Member of **inspired**



# INTERNATIONAL / NATIONAL BOARDING APPLICATION

TO BE COMPLETED ANNUALLY

PREFERRED CAMPUS:

BOARDING CHOICE

Weekly:

Termly:

APPLICANT'S PARTICULARS

(Refer to separate fee structure).

Surname:

Given Names:

Preferred Name:

Gender:

 M F

Date of Birth:

dd/mm/year

Age:

Citizenship:

ID or Passport No:

Religion:

Permanent Residential Address of Applicant:

Code:

Telephone

code

Temporary Residential Address of Applicant:

Code:

Telephone:

code

If there are any special circumstances involving the applicant (e.g. ill health, physical disability, food and other allergies, known learning problems, other handicaps or disabilities) please describe these briefly and send relevant reports with the application:

Family Doctor Name:

Family Doctor Contact Details:

Emergency After-hours Contact:

Please provide a copy of your medical aid card with your application.

Please furnish the names, addresses and telephone numbers of two emergency contacts: (Not family members)

Code:		Code:	
Tel:		Tel:	

**FAMILY DATA**

**PARENT 1:**

Surname: [Redacted]

Name: [Redacted]

ID/Passport No: [Redacted]

Residential address: [Redacted]

Postal address: [Redacted]

	Code:	
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Telephone: Home: [Redacted] code [Redacted]

Office: [Redacted] code [Redacted]

Cell: [Redacted] code [Redacted]

Alternative: [Redacted]

E-mail:\* [Redacted]

Occupation: [Redacted]

Business name: [Redacted]

Type of Business: [Redacted]

Business address: [Redacted]

	Code:	
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\*An updated and accurate email address is imperative for effective e-communication. Please do not include an e-mail address that should not be used for communications from the school.

**PARENT 2:**

Surname: [Redacted]

Name: [Redacted]

ID/Passport No: [Redacted]

Residential address: [Redacted]

[Redacted] Code: [Redacted]

Postal address: [Redacted]

[Redacted] Code: [Redacted]

Telephone: Home: [Redacted] code [Redacted]

Office: [Redacted] code [Redacted]

Cell: [Redacted] code [Redacted]

Alternative: [Redacted]

E-mail:\* [Redacted]

Occupation: [Redacted]

Business name: [Redacted]

Type of Business: [Redacted]

Business address: [Redacted]

[Redacted] Code: [Redacted]

\*An updated and accurate email address is imperative for effective e-communication. Please do not include an e-mail address that should not be used for communications from the school.

If parents are divorced or separated, please indicate with a tick:

- With whom the student lives: Parent 1 Parent 2

- Accounts to be addressed to: Parent 1 Parent 2

- Correspondence to be addressed to: Parent 1 Parent 2

- Reports to be addressed to: Parent 1 Parent 2

The following people have permission to visit the student and / or collect them from the Residence. (Please provide a recent photograph):

Person 1:

Name: [Redacted]

ID number: [Redacted]

Tel number: [Redacted]

Person 2:

Name:
ID number:
Tel number:

Person 3:

Name:
ID number:
Tel number:

Transport required from the airport:

Yes:  No:

If yes, please ensure that clear instructions have been given to the boarding head in writing at least 48 hours in advance, and ensure an email is received confirming arrangements

### PARTICULARS OF SIBLINGS

Name of sibling:		
Present School:	Present Grade:	Year Boarding at Reddford House:
Name of sibling:		
Present School:	Present Grade:	Year Boarding at Reddford House:
Name of sibling:		
Present School:	Present Grade:	Year Boarding at Reddford House:
Name of sibling:		
Present School:	Present Grade:	Year Boarding at Reddford House:

#### ACCEPTANCE OF CONDITIONS:

All conditions of Entry and Attendance for Reddford House as agree to during the Annual Review apply to Boarding as well.

	dd/mm/year
SIGNATURE (Legal Guardian)	DATE
	dd/mm/year
SIGNATURE (Student)	DATE
	dd/mm/year
SIGNATURE (School)	DATE

#### ACCEPTANCE OF LIABILITY FOR PAYMENT OF FEES:

I/we hereby undertake to make payment in respect of any amounts due under these Conditions:

	dd/mm/year
SIGNATURE	DATE
Relationship to Student:	
	dd/mm/year
SIGNATURE	DATE
Relationship to Student:	

#### PLEASE NOTE:

Parents will be liable, and billed, for any breakages caused by the student.