

APPLICATION FOR HOSTEL ENROLMENT



Waldorf School Windhoek

Details of child:

Surname:
First names:
Date of Birth:
Place :
Sex: male <input type="radio"/> female <input type="radio"/>
Mother tongue:
Residential address:

FOR INTERNAL USE ONLY
Date application received: _____
Learner Interview date: _____
Financial Interview date: _____
Remarks: _____ _____ _____ _____ _____
Accepted <input type="checkbox"/> Declined <input type="checkbox"/>

Details of Parents / Guardian:

Surname Mother:	Surname Father:
First name Mother:	First name Father:
Tel home/work:	Tel home/work:
Cellphone:	Cellphone:
Fax:	Fax:
e-mail:	e-mail:
Residential address:	Residential address:
Postal address:	Postal address:

Contact person in Windhoek/ Emergencies:

House doctor: _____

Telephone: _____

Medical Insurance: _____

Are there any medical impediments? (e.g.. Allergies) no yes

If yes, please give details: _____

Contact person in Windhoek (emergency)

Name: _____

Adresse: _____

Telephone: _____ Cellphone: _____

Please motivate your need of a hostel place:

Place and Date

Signature of applicant