

# Wartburg Kirchorf Schülerheim

Tel: 033 5031412  
Fax: 033 5031419  
Cell: 083 3009895  
Email:



PO Box 129  
Wartburg  
3233  
wkhostel@telkomsa.net

## Boarding Application

Thank you for your interest in our Boarding Establishment.

Enclosed please find a copy of our Application Form which should be completed and returned to the

**Admissions Officer**  
**P.O. Box 129**  
**Wartburg**  
**3233**

Please include the following documents with the application form:

- AD 1 Form
- Confidential Report from the Principal
- Latest Scholastic Report
- A Certified copy of the learners' Book of Life or Birth Certificate.
- A non-refundable administrative fee of R200.00 per learner.  
(Cheques made payable to WARTBURG-KIRCHDORF SCHÜLERHEIM)

Failure to comply with the above requirements will result in a delay of consideration of this application.

BOARDING FEES PER TERM: R \_\_\_\_\_

LAUNDRY FEES PER TERM: R \_\_\_\_\_

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## ADMISSION FORM (AD1)

PHOTO

### A. PERSONAL INFORMATION

- 1.1 Surname of Child \_\_\_\_\_  
1.2 Christian Names \_\_\_\_\_  
1.3 Date of Birth \_\_\_\_\_  
1.4 Home Language \_\_\_\_\_

- 2.1 Date from which admission is sought \_\_\_\_\_  
2.2 Probable grade of child \_\_\_\_\_  
3. Nationality \_\_\_\_\_  
4.1 Of which church is your child a member \_\_\_\_\_  
4.2 Has your child been confirmed \_\_\_\_\_  
4.3 If there is no church of this denomination in Wartburg, you child must attend one of the following:  
Wartburg Kirchorf \_\_\_\_\_ German Lutheran \_\_\_\_\_ English Lutheran \_\_\_\_\_  
Roman Catholic \_\_\_\_\_ Methodist \_\_\_\_\_ Pentecostal \_\_\_\_\_  
5. May your child participate in purely recreational games on Sunday? \_\_\_\_\_  
6.1 Has application been made for your child to be admitted to any other hostel? \_\_\_\_\_  
6.2 If so, state particulars \_\_\_\_\_  
6.3 Has your child ever been in a hostel before? \_\_\_\_\_  
6.4 If so, please state which hostel? \_\_\_\_\_  
7. Do you have any other children at Wartburg? \_\_\_\_\_  
8. Reason for hostel application \_\_\_\_\_  
\_\_\_\_\_



**B Medical Information.**

1.a. Has your child had any of the following (YES or NO)

Measles \_\_\_\_\_ German Measles \_\_\_\_\_ Diphtheria \_\_\_\_\_ Mumps \_\_\_\_\_  
Typhoid \_\_\_\_\_ Asthma \_\_\_\_\_ Chicken Pocks \_\_\_\_\_ Whooping Cough \_\_\_\_\_  
Scarlet Fever \_\_\_\_\_ Amoebic Dysentery \_\_\_\_\_ Rheumatic Fever \_\_\_\_\_  
Heart Disease \_\_\_\_\_ Cholera \_\_\_\_\_ Bilharzia \_\_\_\_\_ Malaria \_\_\_\_\_ Fits \_\_\_\_\_  
Diabetes \_\_\_\_\_ Any other \_\_\_\_\_

1.b. Has your child been immunized against ----- (YES or NO)

Polio \_\_\_\_\_ Diphtheria \_\_\_\_\_ Whooping cough \_\_\_\_\_ Tetanus \_\_\_\_\_ Typhoid \_\_\_\_\_

2. In the event of serious illness, which Doctor should be called in?

- a. One chosen by the hostel superintendent? \_\_\_\_\_
- b. Your own Doctor? State name and contact no. \_\_\_\_\_

3. a. Is your child a bleeder? \_\_\_\_\_

b. Does he/she wet the bed \_\_\_\_\_

c. Is your child allergic to any of the following?

Penicillin \_\_\_\_\_ Aspirin \_\_\_\_\_ Bee-stings \_\_\_\_\_ Serum \_\_\_\_\_

d. Any other allergies? \_\_\_\_\_

e. (i) Has he/she any decayed teeth \_\_\_\_\_

(ii) Does he/she get toothache? \_\_\_\_\_

(iii) When did he/she last visit a dentist? \_\_\_\_\_

(iv) Who is your dentist? (Name & address) \_\_\_\_\_

f. Does your child take tablets or other medication regularly? \_\_\_\_\_

g. Is your child on medication for fits? \_\_\_\_\_

h. Has your child any disabilities? \_\_\_\_\_ If yes, state nature and extent \_\_\_\_\_

\_\_\_\_\_

CONFIDENTIAL REPORT,

**Principals Report to be returned to;**

**The Admissions Officer,  
Wartburg Kirchdorf Schülerheim / Hostel  
P O Box 129  
WARTBURG  
3233**

NAME : .....

GRADE:.....

**SUBJECTS TAKEN AND LATEST RESULTS**

	GRADE	%		GRADE	%
ENG			GEN.SCI.		
AFR			HIST		
MATH			GEOG		
PHYSC			ACC		
BIOL			TECH.D		
GERM			HOME ECO.		
TYPG			AVERAGE		

ATTENDANCE; Good / Average / Poor

CONDUCT IN CLASS.....

SPORTING ACTIVITIES.....

LOYALTY TO SCHOOL.....

ATTITUDE TO FELLOW LEARNERS.....

DO YOU HAVE ANY PROBLEMS WITH THIS CHILD.....

HAS CHILD HAD REMEDIAL TEACHING.....

IS CHILD SUITED TO HOSTEL LIFE.....

ARE SCHOOL/HOSTEL FEES PAID REGULARLY (YES / NO)

IF NO, KINDLY ELABORATE .....

.....

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**PRINCIPAL**

**SCHOOL STAMP**