



VAAL CHRISTIAN SCHOOL

(One Lord, One Faith, One School)

(Association incorporated under Section 21)

Reg. No.: 91/01240/08

P.O. Box 2435
 Vereeniging 1930
 Tel: No: 016-457-2010/11
 Fax: No: 016-457-2013

Vaal Village
 R716 Deneysville Road
 Viljoensdrift 9580

APPLICATION FORM

HOSTEL

Form No:

LEARNER

SURNAME:	
FULL NAMES:	
GRADE:	

1 ST PERSON TO SEE	Ms Sarah Masooa	Boarding School Forms	
2 ND PERSON TO SEE	Hostel Manager Pastor Hlabangana	Availability Room allocation	
3 RD PERSON TO SEE	Mrs Amanda Celliers	Payment of School & Boarding Fees.	

FOR OFFICE USE ONLY

Student Number:		Hostel Number:	
Date of Registration:			
Approved	Not Approved	Approved Date:	
Approved By:		Signature:	
Name of Medical Aid:	Name of main member:		
Medical Aid number			
Does this learner have any allergies?			
Does this learner suffer from urinary incontinence?			

1. **Copy of ID of both parents**
2. **Copy of ID of Learner**
3. **Health Card**

PLEASE NOTE: INCOMPLETE FORMS WILL NOT BE ACCEPTED