

HOSTEL BOARDER CONTRACT

Admission to Newton Hostel 2015 **Contract between Newton SGB & Parents of Boarder for 2015**

The admission to the Newton Hostel will only be possible in 2015 once the following agreement is completed by the parent/guardian. This person should be the person responsible for the school and hostel fees. Admittance to the Newton Hostel is a privilege and not a right. Admittance to Newton school is however a right.

Contract Agreement entered into between,

Name of Parent / Guardian /Person responsible for payments

ID Number: _____

Postal Address: _____

_____ Code: _____

Residential Address: _____

_____ Code: _____

Name and Surname of Boarder

And Newton School Governing Body

Terms and conditions of this Agreement

1. Hostel Fees :

- 1.1 **Full Time Boarders** – R24650.00 (TWENTY FOUR THOUSAND SIX HUNDRED RAND AND FIFTY). You are expected to pay 10 instalments of R2465.00 per month. First instalment will be paid on or before admission on 15 January 2015. The final payment must be made before 31 October 2015.
- 1.2 **Weekly Boarders** – R19050.00 (NINETEEN THOUSAND FIFTY RAND) You are expected to pay 10 instalments of R1905.00 per month . First instalment will be paid on or before admission on 15 January 2015. The final payment must be made before 31 October 2015.
- 1.3 Boarders must report to the boarding establishment on 15 January 2015 between 8H30 and 14H30. **NO BOARDER WILL BE PERMITTED INTO THE HOSTEL AFTER 15h30.**
- 1.4 The hostel operates on “**PAY AND STAY**” policy. If the hostel fee is not settled for the previous year/term the boarder will not be admitted into the hostel for the following year/term. Should the hostel account fall into arrears for two and more months the school governing body reserves the right to :
 - 1.4.1 Demand payment of the full amount outstanding
 - 1.4.2 Remove the boarder from the boarding establishment with immediate effect.

2. Bedrooms :

The boarder will be allocated a room, mattress and cupboard which are numbered. Once this allocation is made, the boarder:

- 2.1 Must Keep the room tidy
- 2.2 Must keep cupboards neat and tidy
- 2.3 Must only occupy the allocated room
- 2.4 May not move to another room without permission of the Hostel Supervisor
- 2.5 Is responsible for any damage that occurs and the cost will be debited to the parent account
- 2.6 Must provide a plastic cover if he/she has a bladder problem

3.

In addition to the general rules outlined in the hostel policy (copy on request, which form part of the agreement) the following transgressions will lead to the immediate expulsion of the boarder from the hostel if guilty at a disciplinary meeting:

- 3.1 Any theft or accessory to the same.
- 3.2 The usage of prohibited substance e.g alcohol, dagga , drugs etc.
- 3.3 The sniffing of substances- the likes of glue , thinners , drugs etc
- 3.4 Found in possession of any the above mentioned in (3.2) and (3.3)
- 3.5 Using weapons or being in the possession thereof
- 3.6 Found with pornographic material or viewing of such.
- 3.7 Absconding from hostel
- 3.8 Sexual misconduct.
- 3.9 Harassment / Bullying

- 3.10 Assault with intent to injure.
- 3.11 Wilful damage to state property
- 3.12 Being disrespectful towards any member of the hostel staff

4. Disciplinary measures:

- 4.1 If any of the above offences is committed and prima facie evidence is found, the case will be thoroughly investigated by the Governing Body and Management before parents are contacted
- 4.2 Once evidence has been determined that links a boarder – he/she will be immediately suspended from the hostel.
- 4.3 Thereafter a disciplinary meeting will be conducted. If the boarder is found guilty he/she will be expelled from the hostel.

5. Indemnity/Consent Form

We advise that whilst your child's/wards is residing at our boarding establishment he/she has the opportunity to attend various excursions/outing & participate in sport activities outside the school premises.

In this regard we enclose the schools indemnity document which must be signed and returned to school. Should we not receive the signed indemnity/consent your child/ward will not be allowed to participate in the excursion/outing.

Note: THE SGB is striving to maintain a caring and safe environment and will implement these drastic measures so as to protect our beautiful children against criminals.

1. BOARDER INFORMATION:

Account Number: _____

Surname : _____

Full Name : _____

Date of Birth : _____ ID No : _____

Home Language : _____ Gender : _____

Day Scholar/Weekly Boarder/Full Boarder : _____

Date of Admission : _____

2. MEDICAL INFORMATION:

Medical Aid - Yes/No

Medical Aid Name : _____ Name of Member: _____

Please submit: Photostat copies of: Identity Document of Parent/Guardian; medical aid card; birth certificate / ID of learner.

Name of Doctor : _____ Tel No. _____

Name of Dentist : _____ Tel No. _____

NB* ALL LEVIES/FUNDS WILL BE DEBITED TO YOUR ACCOUNT.

Allergies : _____ Medication : _____

Does the child suffer from?:

Epilepsy : _____ Diabetes : _____ Asthma : _____ Bedwetting : _____

Other: _____

Hospital patient – Yes / No

3. PARENT/GUARDIAN INFORMATION:

Father/Stepfather/Guardian

Surname : _____ First Names: _____

ID No : _____

Contact Numbers : (H) : _____ (W) _____ (C) _____

Name & Address of Work : _____

Residential Address: _____

Code: _____

Postal Address : _____

Code: _____

Mother/Stepmother/Guardian:

Surname : _____ First Names: _____

ID No : _____

Contact Numbers (H) : _____ (W) _____ (C) _____

Name & Address of Work : _____

Postal Address : _____

Code: _____

Residential Address: _____

Code: _____

4. PERSON RESPONSIBLE FOR HOSTEL ACCOUNT:

Surname : _____

First Names : _____ ID No: _____

Contact Numbers: (H) _____ (W) _____ (C) _____

Residential Address: _____

Code: _____

Postal Address : _____

Code: _____

Employment Details:

Employer Name : _____

Employer Address: _____ Code: _____

5. OTHER CONTACT (Next of Kin):

Particulars of persons **OTHER THAN** father /mother / person responsible for hostel account.

Surname : _____ Name _____

Contact Numbers (H) _____ (W) _____ (C) _____

Name and Address of Work : _____

_____ Code: _____

I/We confirm that all information provided herein is true and correct and that I have read and understood the contents of this form.

SIGNED AT _____ ON THIS _____ DAY OF _____ 2014

(Parent/Person responsible for account) _____
Signature

Witness 1: _____ Witness 2: _____

ON BEHALF OF THE NEWTON SCHOOL GOVERNING BODY

SIGNED AT _____ ON THIS _____ DAY OF _____ 2014

(School Governing Body Member) _____
Signature

Witness 1: _____ Witness 2: _____

NEWTON HOSTEL BANK DETAILS

BANK: NEDBANK
BRANCH CODE: 164 826
ACCOUNT NUMBER: 1 648 093 426