EDEN ACCOMODATION

Eden Accommodation
Hostel Application Form

Dear Parent/Guardian,

Thank you for considering Eden Accommodation as a safe and supportive home for your child during their studies at Canaan Academy. Rooted in Adventist Christian values, we provide a caring, disciplined, and nurturing boarding environment that fosters both personal growth and academic achievement. Please note that space is limited, and only applications that are correctly completed with all supporting documents will be considered.

Kind regards,
Management
Eden Accommodation

OFFICE USE ONLY

Grade of Learner Applying: _____ Accepted: ☐ Yes ☐ No

Canaan Academy House: Blue ☐ Red ☐ Green ☐

Canaan Academy Family: 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐

7 ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12 ☐

First-time boarder? ☐ Yes ☐ No

Any dietary/medical requirements/concerns to note?

_____

DOCUMENT CHECKLIST — Certified Copies Required

- ☐ Learner's Birth Certificate / ID
- ☐ One (1) recent ID/passport photo of the learner
- ☐ Parent/Guardian ID copies
- ☐ Proof of residence (not older than 3 months)
- ☐ Medical aid card copy (if applicable)
- ☐ Completed medical and finance form (within this application)
- ☐ Proof of payment of R500 non-refundable application fee

1. LEARNER DETAILS

First Name: _____ Surname: _____

Date of Birth: _____ _____ _____ Age: _____ Gender: ☐ Male ☐ Female
DD MM YYYY

Grade (in year of enrolment of learner in hostel): _____

Nationality: _____ Home Language: _____

Religion *(optional)*: _____

Parent/Guardian Contact Number: _____ Emergency Contact Number: *(Non-Parent)* _____

Number of Siblings: ☐ 1 ☐ 2 ☐ 3 ☐ >4 Position in family: _____

2. PARENT/GUARDIAN DETAILS

A) PARENT/GUARDIAN 1

Full Name(s): _____

Relationship to Learner: *(Father, Mother, Guardian, etc.)* _____ Marital Status ☐ Married ☐ Divorced ☐ Separated ☐ Single ☐ Deceased

ID/ Passport Number: _____ Nationality: _____

Residential Address: _____

Postal Address: _____

Home Telephone Number: _____ Cell Number: _____

Email Address: _____

Occupation: _____ Employer's Name: _____

Employer's Contact Number: _____ Income Details: _____

Emergency Contact Information Name: _____ Contact Number: _____

Please provide the following supporting documents:
a. Recent payslips or bank statements
b. Proof of address

B) PARENT/GUARDIAN 2

Full Name(s): _____

Relationship to Learner:
(Father, Mother, Guardian, etc.) _____

Marital Status ☐ Married ☐ Divorced ☐ Separated ☐ Single ☐ Deceased

ID/ Passport Number: _____ Nationality: _____

Residential Address: _____

Postal Address: _____

Home Telephone Number: _____ Cell Number: _____

Email Address: _____

Occupation: _____ Employer's Name: _____

Employer's Contact Number: _____ Income Details: _____

Emergency Contact Information Name: _____ Contact Number: _____

Please provide the following supporting documents:
a. Recent payslips or bank statements
b. Proof of address

A) EMERGENCY CONTACT (OTHER THAN PARENT/GUARDIAN)

Full Name(s): _____

Relationship to Learner:
(e.g. Grandparent, Aunt/Uncle, Family Friend, etc.) _____

Residential Address: _____

Home Telephone Number: _____ Cell Number: _____

Work Telephone Number: _____ Email Address: _____

B) MEDICAL / SPECIAL NOTES FOR EMERGENCY CONTACT

Can the emergency contact authorise Medical Treatment?: ☐ Yes ☐ N

Special Instructions / Allergies / Health Notes:

_____

Nearest relative living in a different city/town _____

Preferred hospital/clinic for emergencies _____

Additional contacts for transport pickup in case of emergencies Name: _____ No. _____

Consent to contact local authorities if parents cannot be reached: ☐ Yes ☐ No

3. MEDICAL INFORMATION

A) MEDICAL AID DETAILS : Skip this section if you do not have medical aid coverage

Medical Aid Coverage: ☐ Yes ☐ No Medical Aid Scheme: _____

Membership/Policy Number: _____ Main Members Name: _____

Medical Aid Contact Number / Emergency Line: _____

B) FAMILY DOCTOR / PRIMARY HEALTHCARE PROVIDER

Doctor's Name: _____ Practice / Clinic Name: _____

Contact Number: _____ Email Address: _____

Address of Practice/Clinic _____

C) MEDICAL HISTORY / CONDITIONS

Known Allergies (Food, Medication, Environmental):

Chronic or Ongoing Conditions (Asthma, Diabetes, Epilepsy, etc.):

Recent Surgeries or Hospitalisations (if any):

Special Dietary Requirements:

D) MEDICATION DETAILS

Medication Currently Being Taken:

Dosage / Frequency:

Any Restrictions or Notes for School Staff:

E) EMERGENCY MEDICAL INSTRUCTIONS

Is learner allowed to take over-the-counter medication at school? ☐ Yes ☐ No

Permission to administer prescribed medication during school and hostel hours/activities: ☐ Yes ☐ No

Preferred hospital/clinic for emergencies _____

I/We, the undersigned parent/guardian of _____ (learner's full name), hereby authorize Eden Accommodation Hostel staff to:

1. Provide first aid and, in the event of an emergency or sudden illness, arrange medical treatment.
2. Contact and share relevant information with the learner's medical aid scheme and/or healthcare provider as necessary.
3. Transport my/our child to the nearest clinic or hospital if deemed necessary by hostel staff or emergency personnel, understanding that transport costs will be at my/our expense and payable.
4. Administer prescribed medication only if written instructions are provided. Verbal instructions will not be accepted.

I/We understand that the hostel has basic first aid-trained staff only and no on-site medical practitioner. I/We indemnify Eden Accommodation Hostel, its staff, and management against any liability arising from actions taken in the course of providing emergency care or administering medication, while trusting that staff will act in the best
interests of my/our child.

Parent/Guardian 1 Name:	Signature:	Date:

Parent/Guardian 2 Name:	Signature:	Date:

3. FEES & PAYMENT DETAILS

SECTION A: ACCOUNT PAYER INFORMATION

Full Name(s): _____

Relationship to Learner:
(Father, Mother, Guardian, etc.) _____

Occupation: _____ Employer's Name: _____

Cell Number: _____ Work Number: _____

Email Address: _____

SECTION B: FEE STRUCTURE

The updated hostel fee structure is not attached. To obtain a copy, kindly contact the Finance Office directly. Also note that the fee structure excludes the hostel's official banking details. Banking details will only be provided once a student's application has been accepted, and payment must be made within 24–48 hours to secure your child's place. Exclusions: Hostel fees exclude school and hostel trips, sport trips, excursions, and any additional costs incurred (e.g., damage and repair of property, legal services, etc.).

SECTION C: PAYMENT OPTIONS (TICK ONE)

☐ **Annual –** full fee upfront (due by 31 January; 5% discount if paid in full before 28 February)

☐ **Termly –** payable on or before entry to the hostel of each term

SECTION D: LEGAL & FINANCIAL COMMITMENT

1. Payment and Arrears:
Parents or guardians are jointly and individually responsible for all hostel fees in terms of Sections 39–41 of the South African Schools Act, regardless of marital status, custody, or maintenance arrangements. Fees must be paid in advance according to the chosen payment plan. If fees are unpaid, the learner may be suspended from the hostel until the outstanding amount is settled; this does not affect the learner's status as a day scholar at school. Any additional costs incurred, such as transportation or other services arranged on behalf of the learner, are payable and will be billed as part of the total amount due. Should the hostel engage legal or debt collection services to recover outstanding fees, all related costs, including attorney or collection fees, will be added to the amount payable by the parent/guardian.

2. Notice and Withdrawal:
A minimum of one month's written notice is required to withdraw a learner from the hostel. If notice is not provided, no refund of fees will be issued, but any outstanding hostel fees remain payable even after the learner is removed from the hostel.

4. Liability for Damage or Loss:
Parents or guardians are responsible for payment for any damage, loss, theft, or tampering caused by their child to hostel property or the property of other learners. Parents are encouraged to ensure personal belongings are insured, as the hostel cannot accept liability for loss, theft, or damage.

SECTION E: SIGNATURES

By signing below, I/We confirm that:

- **The above information is correct.**
- **I/We accept joint and several responsibility for payment of all fees.**
- **I/We have read and understood this commitment and agree to abide by it.**

Father/Legal Guardian

Full Name: _____ Signature: _____ Date: _____

Mother/Legal Guardian

Full Name: _____ Signature: _____ Date: _____

Account Payer (if different)

Full Name: _____ Signature: _____ Date: _____

CONSENT AND DECLARATION

By signing this form, I/We acknowledge and agree to the following:

Application: I/We apply for the admission of the learner named above to Eden Accommodation Hostel. I/We understand that applying to the hostel does not guarantee automatic acceptance, and that acceptance to Canaan Academy does not automatically grant admission to the hostel.

Rules & Code of Conduct: I/We accept the hostel's rules, policies, and Code of Conduct, which is available on the school's website, and acknowledge our responsibility to familiarise ourselves with it. I/We understand that suspension or dismissal from the school will result in immediate suspension or dismissal from the hostel.

Fees & Financial Responsibility: I/We accept joint and several responsibility for all hostel fees in accordance with Sections 39–41 of the South African Schools Act and understand that fees are payable in advance. I/We further acknowledge that failure to meet hostel fees will result in suspension or dismissal from the hostel, but that this does not automatically affect the learner's status as a day scholar at Canaan Academy.

Indemnity: I/We indemnify Eden Accommodation, its hostel staff, and management against any liability for injury, loss, or damage that may occur during hostel activities, trips, or transport, while acknowledging that all reasonable precautions will be taken.

POPIA Compliance: I/We consent to the collection, storage, and processing of personal information relating to myself/ourselves and our child in accordance with the Protection of Personal Information Act (POPIA), for lawful administrative, educational, and communication purposes.

Parent/Guardian 1

Full Name: _____ Signature: _____ Date: _____

Parent/Guardian 2

Full Name: _____ Signature: _____ Date: _____

Learner (Grade 7+)

Full Name: _____ Signature: _____ Date: _____

4. MORE ABOUT LEARNER

A. BEHAVIOUR & CONDUCT

1. Have you ever used alcohol, cigarettes, or drugs at school or in a hostel? ☐ Yes ☐ No

2. Have you ever been involved in physical fights or violent behaviour at school or in a hostel? ☐ Yes ☐ No

3. Have you ever received any disciplinary action at school or hostel? ☐ Yes ☐ No

4. Have you ever been suspended from school or hostel? ☐ Yes ☐ No

if yes, what was the reason for the suspension?

_____

B. INTERESTS & PERSONAL DEVELOPMENT

4. Which sports, clubs, or extracurricular activities would you like to participate in at the school or hostel?

☐ Soccer (girls/boys) ☐ Netball ☐ Debate ☐ Chess ☐ Choir ☐ Drama ☐ Outreach

☐ Other (please specify) _____

5. What are your personal strengths or talents?

_____

C. ASPIRATIONS & VALUES

6. What do you hope to become when you grow up?

_____

7. Who is your role model or someone you look up to, and why?

_____

C. SOCIAL & EMOTIONAL WELLBEING

8. How do you make friends or adjust to being away from home?

_____

9. Is there anything the hostel staff should know to support your well-being or comfort?

_____

5. SURVEY: FEEDBACK

Reason for Choosing the Hostel: Why did you choose the hostel for your learner?

- ☐ Far proximity to school/convenience
- ☐ Safe and secure environment
- ☐ Academic focus/structured study time
- ☐ Parental work commitments/travel needs
- ☐ Other: _____

Previous Boarding Experience: Has your child lived in a hostel or boarding

- ☐ Yes
- ☐ No

Pre-Enrolment Experience: How satisfied were you with the information and service received before enrolment?

- ☐ Satisfied
- ☐ Neutral
- ☐ Dissatisfied

Suggestions for Improvement: Do you have any comments, concerns, or suggestions to help us improve our hostel experience?

_____

_____