



# VERITAS HOUSE

## PRIVATE ACCOMMODATION APPLICATION FORM

### APPLICATION FOR ACCOMMODATION 2024

#### *Agreement to Accommodation Policy*

This is an agreement between  
VERITAS HOUSE,

AND

\_\_\_\_\_ (hereinafter "Parent")

as Biological Parent / Guardian / Grandparent / Foster parent / Step parent / Other: \_\_\_\_\_

Name and Surname: \_\_\_\_\_ (hereinafter "Learner")  
*(Full names and surname as on the Birth Certificate of the Learner)*

For admission of the Learner to Veritas House. The Parent further confirms and endeavours:

1. that the Parent and the Learner will submit to the house rules and code of conduct as compiled and contained in Annexure F and/or any other arrangement made by the House Father/Mother to ensure order and discipline;
2. that the Parent will see to it that the Learner obeys and honours the house rules;
3. to accept that any serious transgression of the rules or any disorderly conduct of the Learner, could result in forfeiture or refusal of accommodation;
4. to pay the accommodation fees in advance on the first day of every month, per debit order, to the amount as decided upon annually and required by the admission committee;

#### **TARIFFS FOR THE YEAR: R32 000 (R3200 per month x 10 months)**

5. that the Parent accepts that if the accommodation fees are not paid as agreed to above, the Learner may be refused further accommodation;
6. to notify the House Father/Mother one term in advance if the Parent intends to cancel the accommodation of the Learner. This is also compulsory if the Parent wants to qualify for any refund;
7. that the Parent remains responsible for paying the full amount of the accommodation fees for the entire term upon failing to give prior notice to the House Father/Mother;
8. upon non-payment, to also be responsible for paying the moratorium interest on the outstanding amount due from the date of signing this document, if so requested;
9. that the admission committee is authorized to institute legal action in order to recover the outstanding debts and that the parent will also be responsible for paying the attorney-client fees, as well as the recovery commission of the legal procedure;



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10. that the Parent chooses the residential address, as stipulated in Annexure B as the *domicilium citandi et executandi*, thereby agreeing to delivery of all legal notices and lawsuit documents at this address;
11. to repair/reimburse Veritas House and/or house residents for any damages caused by the Learner to any property belonging to the house/residents;
12. to pay the amount of **R2000.00** at confirmation of house admission, for any breakage which might occur (**this amount can be transferred every year, and will be refunded at the end of the occupation period, provided that no damage occurred**);
13. that the Parent takes cognisance of the fact that Veritas House is closed during school holidays and over weekends and that he/she is responsible for transporting the Learner to and from Veritas House at his/her own expense;
14. that no unauthorised persons may take the Learner from Veritas House without the written consent of the Parent;
15. that, although precautionary measures are instituted by the House Authority pertaining to the safety of the Learner, the Parent will not hold Veritas House Authority liable for any injury sustained by the Learner if he/she left the premises without the necessary permission or authority;
16. that the Parent does not object to the Learner participating in some extra-mural activities of the school;
17. that the Parent gives his/her consent to the teacher on duty that, in the event of illness or injury, to take one of the following actions:
  - a. To contact the Parent immediately, or
  - b. If the Parent is unavailable, to notify the emergency contact person, or
  - c. If the emergency contact person is unavailable, to make the necessary arrangements for medical care which will include written consent to administer anaesthesia.
18. to indemnify the School – and Veritas House Authority against any medical or compensation claims;
19. to be liable for all medical bills pertaining to the treatment of, and/or medicine for the Learner;
20. that the Parent consents to the Receiver of Revenue furnishing his/her address to the School when he/she cannot be traced;
21. that the information implied in Annexure B is correct, and that the Parent is obliged to notify the School and Veritas House of any change of address and to furnish his/her new residential and postal addresses within seven days.
22. There is an additional cost for learners to stay over in Veritas House on weekends. The cost is **R280.00** per learner per weekend. Parents will be invoiced and are responsible to pay the amount at the end of each month.



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### PLEASE COMPLETE IN FULL

The Parent and Veritas House acknowledge that upon signing this application form, both parties have accepted and agreed to all the conditions set out therein and that a legal and binding agreement has been established between the two parties and that this will be the only agreement in its entirety. No other agreement will therefore be binding unless it is in writing and signed by both Veritas House and the Parent.

Signed at \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

\_\_\_\_\_  
**SIGNATURE OF PARENT/GUARDIAN**

\_\_\_\_\_  
**SIGNATURE OF HOUSE MOTHER**

\_\_\_\_\_  
**NAME AND SURNAME IN PRINT**

\_\_\_\_\_  
**NAME AND SURNAME IN PRINT**

As Witnesses:

1. \_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_  
**NAME AND SURNAME IN PRINT**

\_\_\_\_\_  
**NAME AND SURNAME IN PRINT**



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# VERITAS HOUSE

## PRIVATE ACCOMMODATION APPLICATION FORM

### ANNEXURE A : PARTICULARS OF LEARNER

*Please complete in full  
(A certified copy of the Learner's birth certificate or identity document/card must accompany this application form)*

Surname of Learner			
Full names of Learner			
Name known by			
Date of birth			
Male / Female			
Current grade			
ID Number			
Cellphone number of Learner			
Current / Previous school			
Position of Learner amongst siblings (e.g. 1 of 3)			
Home language & Second home language (if applicable)			
If one or both parents are deceased, indicate with an X which applies	Father	Mother	Both
Indicate whether the Learner has completed any of the following preschool training	Department Preschool	Grade R / 0	Private Preschool
If your child experiences any of the following problems and it has been diagnosed, please indicate with an X in the appropriate block below			
Autism	Attention Deficit Disorder (ADD)	Behaviour problems	Weak-sighted
Epilepsy	Hearing problem	Learning problem	Reading problem
Arithmetic problem	Physical disability	Diabetes	
Specify any other deficiencies, ailments or illnesses			



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# VERITAS HOUSE

## PRIVATE ACCOMMODATION APPLICATION FORM

### ANNEXURE B (1) : PARTICULARS OF PARENT / GUARDIAN / OTHER

#### Relationship to the Learner (mark with an X)

Father	Mother	Stepfather	Stepmother	Grand-father	Grand-mother	Uncle	Aunt	Foster parent	Other (specify)
Title, initials and surname									
Full names									
ID Number									
Residential Address					Postal Address				
Church denomination									
Marital status					Married	Divorced	Widower		
Occupation									
Name of Employer									
Employer's physical address					Employer's postal address				
Telephone (w)					(h)				
Cell phone number					Email address				
House doctor									
House doctor's telephone number									
Medical aid and number									
Medical aid telephone number									



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# VERITAS HOUSE

## PRIVATE ACCOMMODATION APPLICATION FORM

### ANNEXURE B (2) : PARTICULARS OF PARENT / GUARDIAN / OTHER

#### Relationship to the Learner (mark with an X)

Father	Mother	Stepfather	Stepmother	Grand-father	Grand-mother	Uncle	Aunt	Foster parent	Other (specify)
Title, initials and surname									
Full names									
ID Number									
Residential Address					Postal Address				
Church denomination									
Marital status					Married	Divorced	Widow		
Occupation									
Name of Employer									
Employer's physical address					Employer's postal address				
Telephone (w)					(h)				
Cell phone number					Email address				
House doctor									
House doctor's telephone number									
Medical aid and number									
Medical aid telephone number									

Reason why your child is in need of hostel accommodation:



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### ANNEXURE C : PARTICULARS OF THE PERSON WHO WILL BE RESPONSIBLE FOR PAYING THE HOUSE ACCOMMODATION FEES OF THIS LEARNER

#### Relationship to the Learner (mark with an X)

Father	Mother	Stepfather	Stepmother	Grand-father	Grand-mother	Uncle	Aunt	Foster parent	Other (specify)
Title, initials and surname									
Full names									
ID Number									
Residential address					Postal address				
Occupation									
Name of employer									
Employer's address					Employer's postal address				
Telephone numbers (w)					(h)				
Cell phone number					Email address				



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**ANNEXURE D : CONTACT PERSON IF PARENTS/GUARDIANS ARE NOT AVAILABLE**

Title, initials and surname	
Residential address	
Telephone numbers (w)	(h)
Cell phone number	Email address

I / we declare, that to the best of my / our knowledge, the particulars and information furnished in Annexure A, B, C and D are true and correct

Signed at \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

1. \_\_\_\_\_  
**SIGNATURE OF PARENT/GUARDIAN**

2. \_\_\_\_\_  
**SIGNATURE OF PARENT/GUARDIAN**

\_\_\_\_\_  
**NAME AND SURNAME IN PRINT**

\_\_\_\_\_  
**NAME AND SURNAME IN PRINT**