

HOSTEL APPLICATION FORM FOR ADMISSION

Affix your
passport size
photograph
here

OFFICIAL USE ONLY
APPLICATION NUMBER

202

SCHOOL ADMISSION NUMBER

--	--	--	--	--	--

FEMIS STUDENT ID NO.

--	--	--	--	--	--	--	--	--	--

STUDENT PERSONAL DETAILS		
NAME: (Full Name from Birth Certificate)		
DATE OF BIRTH: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <small>Date Month Year</small>	GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	CLASS: (Tick the Appropriate) <input type="checkbox"/> YEAR 9 <input type="checkbox"/> YEAR 10 <input type="checkbox"/> YEAR 11 <input type="checkbox"/> YEAR 12 <input type="checkbox"/> YEAR 13

PARENT'S DETAILS/GUARDIAN'S DETAILS	
1. Father's Name	2. Mother's Name
Father's Phone Number	Mother's Phone Number
Father's Occupation	Mother's Occupation
3. Residential Address:	4. Postal Address:
5. Name of Guardian (if child reside with the Guardian)	Guardians Residential Address
6. Social Welfare <input type="checkbox"/> Yes <input type="checkbox"/> No if YES, Social Welfare Number	7. TIN Number/Joint Card No. Father: Mother: Guardian:

SIBLINGS ATTENDING SECONDARY SCHOOL		
NAME OF CHILD	SCHOOL ATTENDED	FORM/YEAR

How would you want your child to go to his/her home/guardians home?

- a. Parents/Guardians will escort them
- b. Alight/Pick Up points:
- c. Others – Please Specify:

[Please provide Letter of Authorization with photograph of the person]

Blood Group: _____ Allergies: _____

Is there any other medical condition which the school/hostel authorities should know of?

Yes or No

If Yes, give details: _____

Name of Family Doctor: _____ Phone No. _____

Email: _____

MEDICAL INFORMATION - COVID SCREENING

Temperature: _____ Date: ___ / ___ /2025

Previous medical history: _____

Medical Officer Signature: _____ Date: ___ / ___ /202__

FEES DETAILS

Term 1 – Amount Paid - \$ _____ Outstanding Balance: \$ _____

Term 2 – Amount Paid - \$ _____ Outstanding Balance: \$ _____

Term 3 – Amount Paid - \$ _____ Outstanding Balance: \$ _____

OFFICE USE ONLY

Admitted to Hostel on _____

Amount Paid: _____

Receipt No. _____

Balance: _____

TERM	AMOUNT	BALANCE

DECLARATION BY THE STUDENT

I, _____ have read the rules and regulations for my admission into accommodation facilities at Ba Methodist High School

I agree not to indulge in any unlawful activity and abide by the student code of conduct that would help me live in harmony with others in the Hostel.

I understand that **SMOKING** and **CONSUMPTION OF ALCOHOL** and other objectionable material in the hostels is strictly prohibited and I will abstain from such acts.

I declare that indulgence in any anti-institutional or anti-social activity in the hostel is highly punishable and I will be liable for severe penalties and punishments even to the extent of being suspended or expelled from the Hostel.

I undertake to conduct myself as a diligent student within the hostel and in the vicinity and not misbehave in any manner including using inappropriate language.

I will not cause any damage whatsoever including defacing school property and understand that I will be liable for penalties and punishments for so.

I accept to stay within the hostel premises by the stipulated time and will not stay out without proper prior permission from concerned authorities.

I undertake to abide by all the rules that govern my stay in the hostel and also all the changes to the rules that may be made from time to time.

I will not damage any furniture or appearance of room and will agree to pay the fine if done so.

Finally, I agree to abide by all the rules and regulations of the institution with regard to hostel stay which may be framed from time to time and accept the decision of the management in all respects as final and binding on me for compliance.

STUDENTS NAME

SIGNATURE OF STUDENT

DATE

DECLARATION BY THE PARENT/GUARDIAN

I assure that my ward will abide by the rules and regulations of the Hostel. I have no objection if my ward is expelled from the Hostel for violating rules.

PARENTS NAME

PARENTS SIGNATURE

DATE