



KOBE – RAMOKGADI ADVANCED LEARNING ACADEMY

P.O Box 243
Ezulwini, Hhohho
Goje Township, Ezulwini
Kingdom of Eswatini

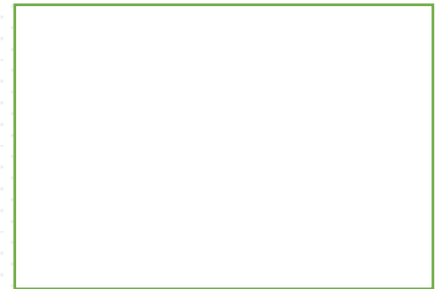
“KNOWLEDGE ONLY BY EDUCATION”

Tel: (+268) 2416 3543/2416 2924
Email: koberamokgadi@kobe.ac.sz
URL: <http://www.kobeacademy.ac.sz>

HOSTEL ADMISSION FORM 2025

TO,

The Hostel Matron/ Warden



1 Learner's photo

Sir/ Madam

I wish to apply for admission to the hostel from _____
to _____ I am given bellow the necessary information.

For Admission to KOBE-RAMOKGADI ADVANCED LEARNING ACADEMY Hostel

SECTION 1: LEARNER'S INFORMATION

Full Name of Student: _____

Date of Birth: _____

Grade Applying For: _____

Gender: Male Female Other

Blood group: _____ Nationality: _____

Home Address: _____

Parent/Guardian Contact Number: _____

Parent/Guardian Email Address: _____

Learner's Contact & E-mail address: _____

SECTION 2: PARENT/GUARDIAN INFORMATION

Primary Parent/Guardian Name: _____

Relationship to Student: _____

Contact Number: _____ / _____

Email Address: _____

Secondary Parent/Guardian Name: _____

Relationship to Student: _____

Contact Number: _____ / _____

Email Address: _____

SECTION 3: MEDICAL INFORMATION

Medical Conditions/Allergies:

Medication Required: _____

Medical Aid Provider (if applicable): _____

Medical Aid Number: _____

Emergency Contact (if different from Parent/Guardian):

Name: _____

Relationship to Student: _____

Contact Number: _____ / _____

SECTION 4: HOSTEL REQUIREMENTS

Length of Stay:

- Full Term Weekly (Monday to Friday) Occasional/Temporary

Room Preference (if applicable): _____

Special Dietary Requirements: _____

SECTION 5: RULES AND POLICIES AGREEMENT

By signing this application, I acknowledge that I have read and agree to abide by the hostel's rules and regulations. I understand that failure to adhere to these policies may result in disciplinary action, including removal from the hostel.

Declaration by the application

1. I have carefully read and understand all the rules and regulations mentioned above. I will follow the rules and regulations and subsequent changes /addition if an as laid down by the management.
2. I understand that a suitable action can be taken against me if I do not abide by the rules & regulations of the institution. If I leave the hostel on my own or I am expelled from the hostel in the midst of the session, I will not be entitled to claim any refund.
3. I certify that the information above is true to the best of my knowledge and belief. I further declare that anything happens to me or kind of mishaps occurs outside / inside of the hostel due to my negligence/ fault, the hostel authority will not be responsible for that.
4. I understand that in case of any natural calamities, management will not be responsible for any losses and damages.

Signature of Parent/Guardian: _____

Date: _____

Signature of Learner: _____

Date: _____

SECTION 6: FOR OFFICIAL USE ONLY

Application Received Date: _____

Application Approved: Yes No

Reason if not Approved:

Room Assigned: _____ [Room number / Group]

Additional Notes:

Hostel Manager (Matron) Signature: _____

Date: _____

For any inquiries regarding this application, please contact the Hostel Office at +268 78451066.

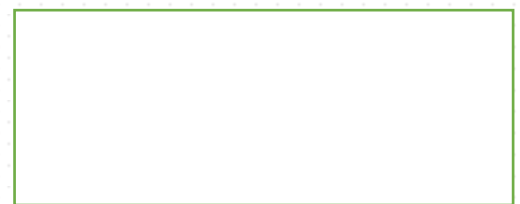


Figure 2 School Stamp