

## TIGER KLOOF EDUCATIONAL INSTITUTION

~ Creating new paths in learning, doing and serving ~



		_	AGER (please ✓ tick relevant box)  RM AND EMAIL TO THE
	NG: EMAIL TO: HOS D 48 HOURS BEFOR		OOF.ORG - THIS FORM STED DATE
l,		parent of	
(time). I will re	turn my child on/	/ (date) at <b>1</b>	7h00 OR (indicate different time) me - Should unforeseen circumstances
prevent you from d	_	gers should be inforn	ned of the changed date and time
1. Father will collect the ch	ill collect the child: RSA	collect the child:	/ 3. Guardian will collect the child:
Relation to the child:	CELLP	HONE NUMBER :	
•			the above mentioned reason is not an please call the Head of Boarding:
Name & Surname	Section	Phone	Email
Ms Leonora Baatlhodi Signature Parent / Guardia	ALL Boarding Houses n:	073 024 5457	hostel@tigerkloof.org(date)
CELLPHONE NUMBER/S:  Approved: OR Not	Approved: by Boar	OR OR	t approved, reason/s:
HEAD OF BOARDING: MS LEONC	RA BAATLHODI 073 024 5457	HOSTEL@TIGERKLOOF.C	DRG UPDATED : NOVEMBER2024