STUDENT ACCOMMODATION APPLICATION FORM

Complete every section on-screen — no need to print. Fields marked * are required. Once signed, save this PDF and email it back to Full House at jbcloete2412@gmail.com.

1. STUDENT INFORMATION

Full Name *			
Student Number *		**Student ID / Passport No. ***	
Phone Number *			
Email Address *			

2. PARENT / GUARDIAN INFORMATION

Full Name *	
Phone Number *	
Email Address *	

3. ACCOMMODATION PREFERENCE

Preferred Room Type * (choose one)	◯ Sharing Room ◯ Single Room ◯ Cottage

4. FUNDING

Funding Source * (choose one)	◯ NSFAS ◯ Private

5. DECLARATION & SIGNATURE

I confirm that the information provided in this form is accurate to the best of my knowledge, and I consent to Full House processing it for the purpose of this accommodation application.

Student Signature *		**Date ***	

By signing this form, I grant permission for the personal information provided herein to be shared with and used by relevant third parties — including accommodation providers, educational institutions, and funding bodies — for purposes related to accommodation placement, administration, funding verification, and any other lawful purpose connected to this application.

FOR OFFICE USE ONLY

Reference No.		**Date Received**	
Status		**Processed By**	