

Studies

Are you studying full-time or part-time? Full-Time / Part-Time (please circle)

Year of study:

What are you studying? _____

Name of Institution: _____

Your student number:

Address of Institution: _____

Name of Department Head: _____

Department Head Tel no.:

Next of Kin

Name of next of kin: _____

Relationship (E.g. Father/Mother): _____

Address: _____

Contact number:

Email address: _____

Smoke Free Zone

NOTE: FRANKLIN HOUSE IS A SMOKE FREE ZONE: IF YOU SUDDENLY TAKE UP SMOKING THEN YOU WILL SUDDENLY HAVE TO LOOK FOR ANOTHER PLACE TO STAY!

Declaration

I am a non smoker.

I do NOT object to any of the above people being contacted.

I have read and I am familiar with the RULES pertaining to FRANKLIN House.

Signature: _____

Date: / / (dd/mm/yyyy)

Please note that should you be accepted to stay at **Franklin House**, the following will be required **before** you move in:

1. ID or PASSPORT copy, signed and verified.
2. STUDENT CARD (if studying) copied, signed and verified.
3. LEASE Agreement, signed and your intended method of RENTAL PAYMENT.
(STOP ORDER is the preferred method)
4. DEPOSIT plus the FIRST MonthsqRENT paid in FULL.
(RENTAL is due by the 1st of every Month)
5. RULES of the household must have been read.

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