

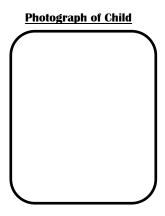


Independent Christian School

8 STOTT ROAD PRESTBURY PIETERMARITZBURG 3201 P.O. BOX 21664 MAYORS WALK 3208 PHONE: 033 - 3441862 FAX: 033 - 3442852 E-MAIL: reception@heritageacademy.co.za

APPLICATION FOR BOARDING

NAME	:
ADMIT TO GRADE	:
YEAR	:



SCHOOL & BOARDING

FOR OFFICE USE ONLY

Date Deposit paid and receipt number	:
Deposit amount	:
Date of interview	:
Interviewer	:
Accepted for	
Grade	:
In Year	:
Signature of Interviewer	:

PLEASE NOTE ALL FIELDS REQUESTED NEED TO BE FILLED IN

CHILD'S DETAILS

Surname	:		
First Names	:		
Date of Birth	:	Age:	
Gender	:		

Grade in Admission to Boarding Establishment :

PARENTS' DETAILS

MOTHER:	
Name and Surname:	
Identity Number :	
Address :	
	Postal Code :
Telephone Numbers :	
Home :	Work :
Cell :	E-mail address :

FATHER:		
Name and Surname:		
Identity Number :		
Address :		
Telephone Numbers :		
Home :	Work :	
Cell :	E-mail address :	
GUARDIAN:		
Name and Surname:		
Identity Number :		

Address :_			
			Postal Code :
Telephone Numbers	:		
Home :		Work :	
Cell :		E-mail address :	

MEDICAL AID

MEDICAL AID	
Name of Medical Aid	:
Membership Number	·
Name of Main Member	:
MEDICAL HISTORY	: (allergies if any – to be accompanied by doctor's certificate)
MEDICAL TREATMENT	
I hereby consent to the a	dministering of first aid and to consultation with a doctor in the case of an accident or
suspected illness of m	y child I
understand that discretion	n will be used and that those in authority will first make every effort to contact me or my
spouse or the legal guardi	an. I agree to carry any cost incurred for medical purposes.
<u>Signatures:</u>	
Mother:	Father :
OR	

Legal Guardian : _____

Witness 1 : _____

Witness 2: ______

CONDITIONS OF ACCEPTANCE AT

THE HERITAGE ACADEMY BOARDING ESTABLISHMENT

l/We	the	undersigned	 	
(Father/G	Guardian)		
and			 	
(Mother/	Guardiar	ר)		
of			 	

(Child)

hereby agree to the terms of acceptance of the above child as a boarder at the Heritage Academy Boarding Establishment as outlined below.

- I/We give the Principal of Heritage Academy full responsibility to act in loco parentis over my/our child. Similarly any other staff who has authority over my/our child may exercise discipline in an accountable manner.
- 2. I/We understand that while the greatest care will be taken to protect the well-being of my/our child, I/we will not hold the school - Heritage Academy, or the Boarding Establishment of Heritage Academy, or the Board, Principal or members of staff of the said school, or the Supervisor or Boarder Master/Mistress of the said Boarding Establishment, responsible for any accidental harm, distress or without permission.
- 3. I/We understand that while my/our child's possessions will be taken care of, I/we do not hold the School or Boarding authorities responsible for any loss of property.
- 4. I/We understand that the Principal reserves the right to terminate my/our privilege of using thee Boarding Establishment facilities with immediate effect if I/we do not pay the due fees by the required date, or if my/our child refuses to behave in a desirable manner, or if there is any serious breach of our non-compliance with the general expectations and code of conduct of Heritage Academy.
- 5. I/We accept the terms of the Conditions of Acceptance and the Financial Policy for Boarding.

Signed:	(Father/	Mother/
Guardian)		
at Pietermaritzburg on		
(date).		
As Witness:		

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Name of Parent / Guardian:

Name of Learner:

I have read and understand the guidelines as applicable to Heritage Academy Boarding Establishment. I have chosen to place my child in this Boarding facility and authorise the Principal and Superintendent to act on my behalf during emergencies. I will also do my best to ensure that my child does no contravene any of the guidelines stated. Should my child contravene these guidelines, I understand that he/she will be liable for disciplinary action against him/herself. I further understand that's serious or continuous contravention can lead to immediate suspension or even expulsion from the Boarding Establishment.

In addition to the parents/guardians named in the document, I allow **only the people listed on the next page** to visit my child on weekends and after hours and to sign my child out of the Boarding Establishment. I accept full responsibility for the actions of these people while they visit my child.

Signature of Father / Guardian	Date
Signature of Mother / Guardian	Date

PLEASE FILL IN THE LIST OF AUTHORISED GUARDIANS

Please provide a copy of the authorised Guardians ID's

<u>Guardian 1</u>	
Surname:	
Title:	Identity Number:
Relationship to child:	
Contact Numbers:	Cell:
Home:	Work:
<u>Guardian 2</u>	
Surname:	
Title:	Identity Number:
Relationship to child:	
Contact Numbers:	Cell:
Home:	Work:
Guardian 3	
Surname:	
	Identity Number:
Title:	Identity Number:
Contact Numbers:	Cell:
Home:	Work:

To be completed by learner:
Name of Learner:
Grade :
I have read and understand the guidelines as applicable to the Heritage Academy Boarding Establishment.
I understand that should I contravene any of the guidelines or Heritage Academy rules or Code of Conduct, I am
liable for disciplinary action against me. I further understand that serious or continuous contravention can lead
to my immediate suspension or even expulsion from the Boarding Establishment.
<u></u>
Signature of learner Date