



APPLICATION FORM

Pupil's Surname:.....First Name.....

Date of Birth:..... I.D No:.....

Gender:..... Religious Denomination:.....

Population Group:..... Health:.....

Last school attended:.....

To be enrolled in grade:..... Date:.....

Father's Surname:.....First Name.....

Population Group:..... Date of Birth:..... ID No:.....

Home Address:.....

Postal Address:.....

Tel No: (H)..... (B)..... (Cell).....

Name of Employer:.....

Occupation:..... Year of Service:.....

Email address:.....

Mother's Surname:.....First Name:.....

Population Group..... Date of Birth..... ID:.....

Home Address:.....

Postal Address:.....

Tel No:(H)..... (B)..... (Cell).....

Name of Employer:.....

Occupation:..... Year of Service:.....

Email address:.....

Emergency number if parent/parents cannot be reached telephonically:

Medical Information

Medical Aid Name:..... Medical Aid Number:.....

Name of Principal Member:..... I.D Number of Member:.....

Doctor's Name:.....Tel No:.....

Medical Problems (eg allergies, asthma):.....

CONSENT AND INDEMNITY

I (mother)_____ I (father)_____

(FULL NAME OF PARENT OR GUARDIAN)

THE PARENT OF _____

(FULL NAME OF CHILD)

Hereby

1. Give my consent for my child (ward) to take part in any and all of the activities of the school, including all games, athletics, educational tours, sport tours and excursions of any nature whatsoever, which the school authorities consider desirable. I understand fully and accept that all activities such as those mentioned above shall be undertaken at my child's own risk and I undertake on behalf of myself, my executors, my wife/husband and my child aforesaid, to indemnify, hold and absolve, the Owner of SPARROWS COMBINED SCHOOL, the Principal; the members of his Staff and such other people as may be involved with or assisting my child in the pursuit of any of the aforesaid activities, against and from any or all claims whatsoever or injury to the person of my child aforesaid in the course of any such activities, provided all reasonable care shall have been taken.
2. Give my permission to the school authorities of SPARROWS SCHOOL to consent to any medical procedure on my behalf to be performed on my child aforesaid, if it is not possible or practical to obtain my consent and the procedure must in the opinion of the doctor be performed urgently.
3. **Agree to provide my child/ward with the school uniform as specified.**
4. **Agree to supply him/her with all the necessary books and stationary.**
5. **Agree to pay all the fees, including any increase in fees, as may be determined by the Owners from time to time. All such fees are payable in advance by the 3rd of each month. Fees not paid by the 3rd of each month will result in the learner being suspended. School fees paid annually will not be refunded if the learner leaves during the school year.**
6. **Agree that I shall be obliged to give one term's advance notice of my intention to withdraw the pupil from the school, such notice in writing to be given not later than the first day of the relevant term or month. Agree that in the event of my failing to give such notice timeously one term or months fees in lieu of such notice shall become payable by me in advance, on demand.**
7. **Agree to abide by all the school rules and regulations, including all amendments to such rules and regulations that may be introduced from time to time.**
8. **Agree to pay admin. fees on all overdue amounts.**
9. **The parties choose their domicilia executandi to the addresses set out in the Application.**
10. **In the event that the school takes legal action against the Account Holder, he/she will be liable for all legal fees on an attorney client scale, collection costs and commission, interest and tracing fees.**

I/We certify that the above particulars are correct.

Date: Mother: Father:

Signature of Parent/Legal Guardian

Place:.....