

IMPORTANT

This section is for your Parents / Guardians to fill in



LEGAL DECLARATION*

I, (full name) _____, the undersigned, currently residing at (insert full residential address) _____ do hereby, subject to the following terms and conditions, apply for the admission of (full name of learner) _____ as a learner at Sacred Heart College.

1. I declare that I am the legal guardian of the learner whose details appear on this application form.
2. I confirm that all the particulars that I may furnish or that have been furnished on this application form shall, to the best of my knowledge and belief, be full, true and accurate in every respect.
3. I have read, understood and agree to abide by the policies of the College as published in the College Diary and on the website each year.
4. I hereby undertake to abide by and comply with all the rules and regulations of the College, and I hereby acknowledge that I have to make myself familiar with all the rules of the College. I also agree to encourage my child to do the same and support the school in its endeavour to apply and enforce these rules.
5. My child has undertaken to participate in the co-curricular activities at the College. I undertake to support him/her in these activities.

During the course of the year, we regularly take pictures of the children involved in the activities of the school for use in our newsletters and school magazine. Occasionally, we also use some pictures in our brochures and adverts. From time to time, we agree to requests by external film makers and television agencies to film the school activities or use the property for filming. By signing below, you agree to the school making use of images and video of your child in this way, in its sole discretion. When exercising this discretion, the school will seek to avoid impinging on your child's modesty or presenting your child in a negative light. When the College chooses to use images for marketing purposes, or allows external agencies to do so, (as opposed to using pictures in newsletter and the school magazine or other similar media; or in the course of filming ordinary school activities) reasonable steps will be taken to secure your permission prior to the images being used in this way.

PAYMENT OF FEES

1. I hereby assume absolute responsibility for the payment of any fees and charges that may fall due as a result of the admittance to Sacred Heart College of the learner whose details appear on this application form.
2. I acknowledge that school fees are payable in advance and that there are various payment options offered by the College.
3. I acknowledge that a term's notice in writing or an equivalent fee is required before the withdrawal of the learner from the College.
4. I acknowledge that should I default on any agreement reached which determines the schedule of payment below, then the whole balance outstanding shall immediately become due and payable by me and that no indulgence or grant of time by Sacred Heart College shall be deemed a waiver of its rights hereunder.
5. I choose the residential address set out below as my *domicillium citandi et executandi* for the service on me by the College of all notices, processes and other communications.
6. I hereby agree in terms of section 45 of the Magistrates' Courts Act no 32 of 1944 that the College shall, as its option, be entitled to institute any legal proceedings for the recovery of any monies owing by me to the College in any Magistrate's Court having jurisdiction in respect of such proceedings in terms of Section 28 of the Act.
7. I hereby consent that the College, or its appointed agents, may carry out a credit enquiry and may transmit details to the credit bureau of how I have performed in meeting my obligations in terms of this agreement and, in the event that I fail to meet my obligations, may record my non-performance with the application credit bureau.

Signed at _____ on ____ / ____ / 20 ____

Full Name: _____

ID Number: _____ Signature: _____

Important note: this section must be filled in if the person responsible for the payment of school fees is not the same as the Guardian who signed above

Address:	Telephone (Home):	Work Number:
Telephone (Cellular):	Fax:	Email:

Signed at _____ on ____ / ____ / 20 ____

Full Name: _____

ID Number: _____ Signature: _____

*(the fine print, but not as long as the one on google)

INDEMNITY FORM



This section is for your Parents / Guardians to fill in

The information requested in this form is held by the College in the strictest confidence. Please fill in any information in CAPITAL LETTERS.

The following indemnity form, if signed, gives your consent for your child to participate in all school excursions, sports matches and activities for the duration of your child's stay at this school.

It is critical that this section be completed as fully as possible. The College MUST be informed of any serious or potentially life-threatening conditions or allergies and, if necessary, a management plan must be discussed with the College Nurse. Please note that if you do not want your child to go on a particular excursion, or participate in sports matches/activities, you may naturally exercise this option by informing the school Principal in writing prior to the event.

EVERY CARE WILL BE TAKEN TO ENSURE THE SAFETY AND SECURITY OF YOUR CHILD ON EDUCATIONAL OR SPORTS EVENTS AND OUTINGS.

The following information is **CRITICAL** in case of Medical Treatment or Hospitalisation.

I hereby give permission for (NAME) _____

Doctor:	
Telephone Number:	
Medical Aid:	
Medical Aid Number:	
Main Member:	
Personal Information	
Parent/Guardian Name:	
ID Number:	
Work Tel:	
Cell Number:	
In an emergency, contact:	

to participate under the supervision of the school, in all educational excursions and or co-curricular activities while he/she remains a learner of Sacred Heart College.

I hereby indemnify the school, its agents, representatives and educators against any claim or demand arising from the death or injury to my child or any loss or damage of property, arising from, my my child's participation in any such sporting or co-curricular activities, tours and excursions. I accept that all reasonable precautions will be taken to ensure the safety and welfare of my child.

I agree that, if in the opinion of the Head of College (or a delegated deputy) an emergency has arisen and medical treatment be deemed necessary for my child, the Head of College (or a delegated deputy) shall be empowered to authorise any medical treatments on my behalf. I accept responsibility for the payment of any medical and/or hospital accounts where applicable.

Unless otherwise stated below, my child is physically capable of participating in sporting and co-curricular activities and is in good health.

Please state aspects that teaching staff should be aware of e.g. allergies, tendency towards abnormal bleeding, epilepsy, asthma, etc.

SIGNATURE OF PARENT / GUARDIAN

DATE

I.D NUMBER