



APPLICATION FOR ADMISSION

This application is subject to acceptance by Bedford Country School

Copies of the learners birth certificate, the front page of the Parent/Guardian's Identity Document or Passport (if not a South African citizen) and the Road to Health (Clinic Card) must accompany this completed form.

PLEASE USE BLOCK CAPITALS

1. Surname of learner: _____

2. First names of learner: _____

3. Learner's preferred name: _____

4. I.D. No.: _____

5. Date of Birth: _____ Nationality: _____

6. Home language (language spoken most frequently at home) _____

7. Date when entry is desired: _____ Suggested grade entry: _____

8. Name and Address of present \school: _____

Learners Present grade: _____ Date of admission to present school: _____

9. Please list any other schools attended from Gr.0 upwards: _____

10. Present state of health: (Please complete attached Medical Admission Form)

11. Religious denomination: _____

12. Please fill in learner's sibling's names, ages and school/tertiary education institutions they attend/attended:

NAME OF SIBLING

AGE

SCHOOL OR TERTIARY EDUCATION

Initial _____



13. Parent information (where relevant, please delete descriptions where not applicable)

**FATHER
OR LEGAL GUARDIAN**

MOTHER

A) Title and Initial	_____	_____
B) Surname	_____	_____
C) First Names	_____	_____
D) Date of Birth	_____	_____
E) Occupation	_____	_____
F) Identity Number	_____	_____
G) Passport Number	_____	_____
	(non South African)	(non South African)
H) Citizenship	_____	_____
I) Residential Address	_____	_____
	_____	_____
	_____	_____
J) Postal Address	_____	_____
	_____	_____
	_____	_____
K) Telephone		
Home	_____	_____
Business	_____	_____
Cell	_____	_____
e-mail	_____	_____
	_____	_____

PLEASE STIPULATE BY MEANS OF AN X ON THE LINE ABOVE AS TO WHICH PARTY
IS RESPONSIBLE FOR THE PAYMENT OF FEES

SIGNATURE OF APPLICANT
(FATHER / GUARDIAN)

Delete which not applicable

SIGNATURE OF APPLICANT
(MOTHER / GUARDIAN)

Initial _____



DECLARATION BY THE APPLICANT

I, the undersigned, (full names) _____
(Hereinafter referred to as the Applicant) of (Physical Address) _____

do hereby agree to be bound by the following terms and conditions of enrolment in the event of
(full names) _____
(hereinafter referred to as the Learner) being admitted and enrolled as a Learner at Bedford Country
School (hereinafter referred to as the School):

1. The Applicant and Learner will be bound by all and any rules, regulations, policies and procedures of the School as laid down by the School's Board of Trustees or the teachers from time to time. The applicant confirms that he/she will read and discuss the school rules with their son/daughter/ward.
2. The Applicant in his/her capacity as parent and /or guardian of the Learner consents to the exercise of the necessary parental powers by the teacher over the Learner whilst the Learner is on the School premises and /or engaged in any , activity in connection with or incidental to the School, whether academic, sporting, recreational or otherwise and they shall be deemed to be "in loco parentis", having all the necessary authority and without limiting the generality of the foregoing, the following:

In the case of an emergency, too give consent as may be required for any medical treatment, operation, anaesthetics or blood transfusions.

To take any decision or furnish any consent or perform any act that may be considered to be in the best interest of the Learner in the prevailing circumstances.

3. The Learner will be subject to the rules and system of discipline as laid down by the Board of Trustees, Governing Body and Teachers from time to time.
4. All tuition fees shall be due and payable by the 7th day of each month in advance for 11 months of the year (January – November) . Fees are to be paid by EFT (Electronic Funds Transfer) directly into the school's bank account. No cash payments will be accepted. If a cash payment is made by way of a direct cash counter deposit or ATM deposit the school reserves the right to debit the relevant bank charges to the Learner's account.
5. Refunds or rebates of tuition fees will not be granted in circumstances in which the cessation of services by the School is as a consequence of conduct of the Learner and or the Applicant or illness or any other incapacity of the Learner.

Initial _____



6. An Enrolment Fee in such amount as may be determined by the Board of Trustees or Governing Body from time to time shall be payable upon acceptance of the application for enrolment. The Enrolment Fee is non-refundable.
7. In addition to the above, the Applicant shall be obliged to make payment of the School's customary determined charges and necessary disbursements incurred in the administration and collection relating to the late and non-payment of fees and incidental expenses inclusive of, but not limited to the payment of bank charges arising from unpaid cheques.
8. A certificate (Statement or Invoice) given under the hand of the Bursary/Secretary of the School shall be prima facie and sufficient proof of any amount due to the School.
9. The Applicant accepts liability for any loss or damage suffered by the School arising from the loss or damage to any instrument, equipment or property of the School and whether occasioned by theft, misuse or negligence of the Learner. The Applicant's liability shall be commensurate to the cost and repair or replacement of the property.
10. The Applicant consents to the jurisdiction of the Magistrate's Court in Grahamstown and/or The High Court of South Africa (South Eastern Cape Local Division), the forum at the sole discretion of the School and its aforesaid organs, to determine any dispute arising from the enrolment of the Learner and between the Applicant and the School.
11. In the event that the School is obliged to institute legal proceedings in either the Magistrates Court and/or High Court, for outstanding tuition fees and related expenses due by the Applicant, then and in that event, the Applicant shall be liable to the School for all expenses incurred in collecting any amount owing by the Applicant, which expenses shall include all legal charges in the scale as between attorney and own client, all collection agency and tracing charges.
12. The Applicant hereby accepts the Schedule of Fees applicable to the School as prescribed from time to time and will be bound thereby.
13. The Applicant accepts and agrees that any credit reflected on the Learner's fee account at any time would not attract interest.
14. Without limiting or detracting from the School's rights to enforce payment of all monies due to the school by the Applicant, the School may at its sole discretion:
 - 14.1 Withhold the Learner's school report if fees for any given term have not been settled by the end of the said term;
 - 14.2 Refuse the return of the Learner to the School after a School Holiday;



15. Should the Applicant wish to terminate the Learner's enrolment at the school, the Applicant shall **give a full term' written notice** to the School, a term's **failing which the Applicant shall be required to pay fees in lieu of notice** together with any other amounts due to the School. A full term is reckoned from the first day of the School term at the end of which the termination is to take effect.

Signature of Applicant: _____

16. Likewise, if the School elects for any reason to terminate this contract, it may do so, on giving the Applicant a clear term's written notice of its decision to terminate the contract at the end of the term in question, at which time the Applicant must withdraw the Learner.
17. Notwithstanding the above, in circumstances where the teacher's and the Chairperson of the School's Governing Body in their discretion determine a shorter period of notice to be appropriate, then the School may give the Applicant thirty days written notice of such termination, signed by both the teacher and the Chairperson.
18. The Applicant understands that the School will constantly endeavor to take such steps as may be reasonably required in the circumstances to do what it can to keep the Learner out of harm and free from loss, taking into account what can be reasonably foreseen and provided for in each case. Subject to the above, the Applicant and co-signatory hereto jointly and severally waive their own claims and indemnify the School, its employees and agents (for whom it may be found to be vicariously liable) against any claim of the Learner in respect of the event in question, howsoever it arises and including any loss, damage, costs or expense including legal costs suffered as a result of the Learner's enrolment of attendance at the School.
19. The Applicant accepts liability for any loss or damage suffered by the School relating to the enrolment of the Learner, however caused.
20. For the purposes hereof, the School nominates as its address for service of all documents and notices, Bedford Country School, 19 Graham Street, P.O. Box 174, Bedford, 5780, South Africa, and the Applicant nominates as the address for the service of all documents and notices, the address set out in paragraph 14 (j) above.
21. All notices required to be given in terms hereof shall be hand-delivered to the nominated address or shall be sent by pre-paid registered mail to the aforesaid address and shall be deemed to have been received seven days after posting.



22. The Applicant accepts that personal items belonging to the Learner are not covered in respect of any risks by the School's insurance and that it is the responsibility of the Applicant to arrange the necessary and appropriate insurance to cover the Learner's personal belongings as well as any musical instrument hired from the school.
23. This agreement shall be deemed to be concluded upon the enrolment of the Learner by the School, and on the payment of the enrolment fee stipulated by the School and shall constitute the whole of the agreement between the parties and no amendment, alteration, addition or variation will be of any force or effect unless reduced to writing and signed by the parties.
24. The Applicant understands that the information contained in the application for admission form constitutes a material representation relevant to the acceptance of the enrolment of the Applicant's child as a Learner and the Applicant warrants that all information contained in the Application for Admission is true and correct.
25. The Applicant understands that by signing this form he/she consents to the School conducting whatever enquiries deemed necessary to verify any information provided in this Application for Admission.
26. The information requested in the Application for Admission and in the Conditions of Enrolment Must be fully completed and the original Application Form returned to the School before acceptance of the Learner can be considered. Incomplete forms will be returned for proper completion.
27. The School's governing body will consider this Application and Contract to be null and void if this document is altered in any way.

Dated at _____ this _____ day of _____ 20____

Signature of Applicant

Initial _____



TO BE COMPLETED AND CO-SIGNED
BY THE FATHER/MOTHER/GUARDIAN/CUSTODIAN/PARENT
WHO IS NOT THE
ABOVE MENTIONED APPLICANT

1. I am the father/mother/guardian/custodian/parent of the child referred to in 1. On Page 1
(delete where not applicable)
2. I have read the contents of the application for and confirm that the contents thereof, as
completed by the responsible parent/guardian, are true and correct and in all respects.
3. I confirm that the responsible parent/guardian is duly authorized to complete and sign the
Application form and has done so with my full knowledge and approval. I acknowledge and accept
liability in terms thereof to be joint several.

SIGNATURE

FATHER/MOTHER/GAUARDIAN/CUSTODIAN PARENT

(delete where not applicable)

Initial_____



BEDFORD COUNTRY SCHOOL
MEDICAL ADMISSION FORM

FULL NAME: _____
DATE OF BIRTH ____/____/____ ENTRY GRADE: _____
FULL NAME AND SURNAME: FATHER: _____
MOTHER: _____
PHONE: H: _____ B: _____ CELL: _____
RESIDENTIAL ADDRESS: _____

MEDICAL AID DETAILS

NAME OF SCHEME: _____ OPTION _____
PRINCIPAL MEMBER: _____
I.D. NUMBER: _____
MEDICAL AID NUMBER: _____ DEPENDANT CODE: _____

Please note : A copy of both sides of medical aid card , together with a copy of the identity book of the principal member must accompany this form.

PLEASE SUPPLY THE FOLLOWING VITAL INFORMATION FOR OUR RECORDS:

DATE OF LAST TETANUS TOXOID INJECTION: _____
ALLERGIES (Bee stings, medication, food eg. Nuts etc.) _____
OPERATIONS (Grommets, tonsillectomy ,etc) _____
SERIOUS ILLNESS (Rheumatic Fever , Hepatitis, Malaria, etc.) _____
PERMANENT CONDITIONS (Asthma, diabetes, ADHD) _____
PERMANENT TREATMENT (Inhalers, Insulin, Ritalin, etc.) _____
PSYCHOLOGICAL HISTORY (Depression etc.) _____
OTHER (Bed- wetting , fear of the dark etc.) _____
(Please supply details on a separate sheet if necessary)

NAME OF DOCTOR: _____ TEL No: _____

CONSENT TO OPERATE

I agree that if, in the opinion of a nominated staff member, if an emergency has arisen and the parents cannot be contacted, the staff member , has authority to permit a Medical Practitioner nominated by him/her to carry out any treatment, or administer a general anaesthetic, or perform any operation that may be considered necessary in the circumstances, on my child.

PARENT/LEGAL GUARDIAN

Date: _____