



HERITAGE ACADEMY

Independent Christian School

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P.O. BOX 21664 MAYORS WALK 3208
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APPLICATION FOR BOARDING

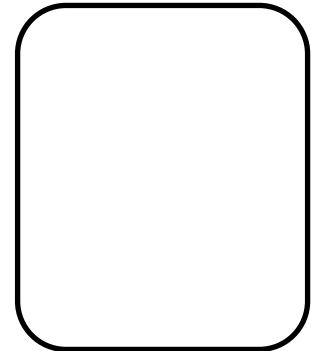
NAME : _____

ADMIT TO GRADE : _____

YEAR : _____

SCHOOL & BOARDING

Photograph of Child



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 : _____
_____ Postal Code : _____
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

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 administering of first aid and to consultation with a doctor in the case of an accident or suspected illness of my child _____. I understand that discretion will be used and that those in authority will first make every effort to contact me or my spouse or the legal guardian. I agree to carry any cost incurred for medical purposes.

Signatures:

Mother: _____ Father : _____

OR

Legal Guardian : _____

Witness 1 : _____ Witness 2: _____

CONDITIONS OF ACCEPTANCE AT
THE HERITAGE ACADEMY BOARDING ESTABLISHMENT

I/We the undersigned _____
(Father/Guardian)

and _____
(Mother/Guardian)

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.

1. 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 the 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: _____

To be completed by Parent/ Guardian:

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 not 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 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

Guardian 1

Surname: _____

Name: _____

Title: _____ Identity Number: _____

Relationship to child: _____

Contact Numbers: _____ Cell: _____

Home: _____ Work: _____

Guardian 2

Surname: _____

Name: _____

Title: _____ Identity Number: _____

Relationship to child: _____

Contact Numbers: _____ Cell: _____

Home: _____ Work: _____

Guardian 3

Surname: _____

Name: _____

Title: _____ Identity Number: _____

Relationship to child: _____

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.

Signature of learner

Date