



# THE MOUNTAIN CAMBRIDGE SCHOOL

## APPLICATION FOR BOARDING

Date of Application

Y	Y	Y	Y	M	M	D	D
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Arrival Date

Y	Y	Y	Y	M	M	D	D
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Departure Date

Y	Y	Y	Y	M	M	D	D
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Weekly Boarder

Monthly Boarder

Grade

Attach ID photo of learner

### Documentation to accompany this application

All of the documentation listed below is required for the application to be processed.

1. Certified copy of identity document or passport with expiry date and visa information if applicable.
2. Two full colour ID photos.
3. Letter of acceptance to Mountain Cambridge Boarding Facility.

### Student details

First name

Surname

Date of birth

Y	Y	Y	Y	M	M	D	D
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Gender

Male

Female

GG

ID number

Nationality

Home Language

The following items are required by the Education Department for statistical purposes

Religion

Race classification

### Boarding fees 2019

Annual	Termly x3
R51,000	R17,000

# Final Agreement

I/we parents/guardians of: \_\_\_\_\_

hereby confirm the admission of the above student to the Boarding Facility

I/We hereby confirm that the information supplied in this agreement is complete and accurate.

I/We have read, understood and agree to all the rules and conditions as contained in the Boarding Facility Guidelines, Rules & Regulations and Indemnity Declaration. This agreement shall take effect immediately upon signature hereof and shall remain in force and in effect for the duration of the student's stay at the Boarding Facility.

It is hereby agreed that I/we the parents/guardians of the student shall be jointly and severally, (should the one pay, the other is to be absolved) liable for the payment of Boarding Facility fees and additional charges as per the terms of the Boarding Facility.

It is hereby acknowledged that ONE FULL month's notice, in writing, is required for any student to be removed from the Boarding Facility. Should the required FULL month's notice not be given I/we will be responsible for payment of the forthcoming month's fees in lieu of such notice.

## PARENT/S, GUARDIAN OR PERSON/S RESPONSIBLE FOR EDUCATION OF LEARNER

FATHER'S DETAILS	Full Name & Surname			
	ID Number			
	Residential Address			
	Postal Address			
	Telephone	(H)	(W)	(C)
	Occupation		Marital Status	
	Employer			
	E-mail address			
SIGNATURE				

MOTHER'S DETAILS	Full Name & Surname			
	ID Number			
	Residential Address			
	Postal Address			
	Telephone	(H)	(W)	(C)
	Occupation		Marital Status	
	Employer			
	E-mail address			
SIGNATURE				

**If divorced:**

**Father: Access to the learner? yes/no**  
**Is the learner living with you? Yes / no**

**Are you the legal guardian? Yes/no**

**Mother: Access to the learner? yes/no**  
**Is the learner living with you? Yes / no**

**Are you the legal guardian? Yes/no**

# Medical information

## Medical Aid

Main Member name: \_\_\_\_\_

Medical Aid: \_\_\_\_\_

Members Number: \_\_\_\_\_

Doctors Name: \_\_\_\_\_

Doctors' Telephone Number: \_\_\_\_\_

## Previous Illnesses - Insert year of occurrence in space provided

Blood type \_\_\_\_\_

Date of last tetanus immunisation \_\_\_\_\_

Allergies (if any) \_\_\_\_\_

Asthma	yes	<input type="checkbox"/>	no	<input type="checkbox"/>	Diphtheria	yes	<input type="checkbox"/>	no	<input type="checkbox"/>
Poliomyelitis	yes	<input type="checkbox"/>	no	<input type="checkbox"/>	Mumps	yes	<input type="checkbox"/>	no	<input type="checkbox"/>
Enteric Fever	yes	<input type="checkbox"/>	no	<input type="checkbox"/>	Scarlet Fever	yes	<input type="checkbox"/>	no	<input type="checkbox"/>
Measles	yes	<input type="checkbox"/>	no	<input type="checkbox"/>	Tick Bite Fever	yes	<input type="checkbox"/>	no	<input type="checkbox"/>
Chicken Pox	yes	<input type="checkbox"/>	no	<input type="checkbox"/>	Drug Sensitivity	yes	<input type="checkbox"/>	no	<input type="checkbox"/>
Diabetes	yes	<input type="checkbox"/>	no	<input type="checkbox"/>	German Measles	yes	<input type="checkbox"/>	no	<input type="checkbox"/>
Rheumatic Fever	yes	<input type="checkbox"/>	no	<input type="checkbox"/>	Typhoid Fever	yes	<input type="checkbox"/>	no	<input type="checkbox"/>
Whooping cough	yes	<input type="checkbox"/>	no	<input type="checkbox"/>	Epilepsy	yes	<input type="checkbox"/>	no	<input type="checkbox"/>

Has the learner suffered from any other contagious diseases? (if yes please specify) \_\_\_\_\_

Does the learner suffer from any sleeping disorders? (If yes please specify) \_\_\_\_\_

Has the applicant ever been dismissed and / or suspended from any school and / or club; involved with any law enforcement agency; used illegal substances or been treated for drug, alcohol or other substance abuse? \_\_\_\_\_

Are there any medical, emotional or physical needs that Mountain Cambridge should be aware of? \_\_\_\_\_

## Consent

In a critical situation, please bear in mind that there may not be time to refer your child's records. MCS Boarding Facility therefore reserves the right to utilize the quickest medical service available. By signing below, you agree that the appointed medical practitioner may carry out emergency treatment as may be necessary.

Sign \_\_\_\_\_

Sign \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_

# Indemnity

I/We the parent(s) / legal guardian(s) of: \_\_\_\_\_

hereby confirm the admission of the student named above to: Mountain Cambridge School Boarding Facility

I / We hereby give permission for him / her to participate in recreational activities organised by the Boarding Facility which may include excursions outside of the Boarding facilities and Mountain Cambridge School grounds.

I / We accept that all reasonable precautions will be taken to ensure the safety and welfare of my/our child and that I/we shall be held responsible for the payment of medical and/or hospital accounts, where applicable, should any injury or loss be sustained by my child. I specifically indemnify and hold MCS Boarding Facility and its staff harmless against any claims of whatsoever nature arising out of any injury, damage or loss sustained in pursuance of the aforesaid participation.

I cede my power as parent/guardian to the head of MCS Boarding Facility, or in his absence, his representative.

As far as I/we know, my/our child is physically capable of participating in the various activities and he/she is in good health. However, the persons responsible should please note the following: (please state medical aspects that the staff should be aware of, eg. allergies, tendency towards abnormal bleeding, epilepsy, etc.)

\_\_\_\_\_

I / We agree that this indemnity shall commence on the date of signature hereof and shall remain in force and be of effect for the duration of the student's residency at the MCS Boarding Facility.

Signed at \_\_\_\_\_

on this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

Parent/Guardians \_\_\_\_\_

Signature

Signature

Witness 1

Name \_\_\_\_\_ Signature \_\_\_\_\_

Witness 2

Name \_\_\_\_\_ Signature \_\_\_\_\_

In case of emergency please contact:

**(The emergency contact should be a family member or friend that we can contact if we are unable to locate the learner's parents)**

Emergency Contact Name and Number: \_\_\_\_\_

Relationship to learner: \_\_\_\_\_