

## **EXCELLENCE IN PRIVATE EDUCATION**

P 0 Box 20104 • Del Judor X4 • 1044 • Tel: +2713 6926727/8 • Fax: +2786 262 3690 • pa@cambridge.co.za /admin@cambridge.co.za

### AGREEMENT FOR USE OF THE CAMBRIDGE ACADEMY BUS SERVICE

### PROVIDED BETWEEN BANKENVELD AND CAMBRIDGE (WITBANK)

- 1. Cambridge Academy commits to providing a bus service as follows:
  - On weekdays from 17 January 2018 to 10 December 2018, excluding school holidays.
  - The bus will leave from the Circle ten bus stop each morning making its way back to the Bankenveld entrance. The bus will not wait for any children.
  - Departure time from Circle ten bus stop will be at approximately 06h45; arrival time at Cambridge Academy at approximately 07h15.
  - The bus will stay on the main route and not enter the residential areas.
- 2. Cambridge Academy will at all times provide a qualified and licensed driver.
- 3. A prefect will be appointed to handle discipline on the bus. Misbehaviour towards the driver or other pupils will not be accepted; pupils could be suspended from using the bus.
- 4. The fee will be approximately R300 per student, payable over 11 months for a full year. Should there be a further increase in the petrol price; a monthly surcharge will be levied equal to the increase in the petrol price.
- 5. Fees are payable in advance, on or before the 1<sup>st</sup> day of each month. The monthly fee will be added to your school account. Should a surcharge be levied, it will also be added to your school account.
- 6. Any changes to the details supplied in 1, 2, 3 and 4 above will be communicated to you in writing.
- This agreement can be cancelled by either party in writing only.
- 8. Notice of cancellation must be given three months before the last intended day of the use of this service.

Signed byFULL NAMES		IDENTITY NUMBER	
At	on this	day of	20
AS WITNESSES:			
1.			
2			



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# CONSENT/INDEMNITY FORM FOR BUS TRANSPORT BETWEEN BANKENVELD AND CAMBRIDGE (WITBANK)

name of student		
No:		
student, hereby give p between Bankenveld a 2. I fully understand and undertake on behalf of hold responsible and a whatsoever that may a of my aforesaid child in and his Staff will never 3. I cede my powers as p medical treatment/surg physically capable of p 4. However, the persons	ermission for him/her and Cambridge (Witba accept that all transport myself, my executors absolve the Trustees, arise in connection with the course of any surtheless take all reason parent to the Principal gery be deemed neceptarticipating in the action responsible should plug. allergies, tendency	ort shall be undertaken at my son/daughter's own risk and s, my wife and my aforementioned child, to indemnify, not Principal and his Staff, against and from all claims th any loss or damage to the property or injury to the personach tour or excursion, in the knowledge that the Principal onable precautions for the safety and welfare of my child. Of Cambridge Academy or his Representative should essary for my child. As far as I am aware he/she is tivities and he/she is in good health.
	ED IN CASE IN MEDIC	CAL / HOSPITAL TREATMENT:
Name of Medical Aid:		Number:
Telephone Number:	Work	Home:
	Cell:	
Signature of Parent	Date	I.D. Number