



ADMISSION FORM PARENT CONTRACT & INDEMNITY

	e-mail: cambridgekids@cambridge.co.za 18 months – 5 years www.cambridge.co.za Tel: 013 692 7324					e-mail: pa@cambridge.co.za Gr 0 – Gr 12 www.cambridge.co.za Tel: 013 692 6727/8			
	Tots 1 <small>18-24months</small>	Tots 2 <small>2-3years</small>	Gr000 <small>3-4years</small>	Gr00 <small>4-5years</small>		Junior Preparatory <small>Gr0-3</small>	Senior Preparatory <small>Gr4-7</small>	High School <small>Gr8-12</small>	
	Gr	Gr	Gr	Gr		Gr	Gr	Gr	Gr
Application For:	Term	Year	Year	Application For:	Term	Year	Year		

PUPIL'S DETAILS

NAME

SURNAME

STARTING DATE

Y	Y	Y	Y	M	M	D	D
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BIRTH DATE

Y	Y	Y	Y	M	M	D	D
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ADMIN NO

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Attach ID
Photo of
Pupil



DETAILS OF SIBLINGS

NAME	SCHOOL	GRADE

DATE OF APPLICATION

Y	Y	Y	Y	M	M	D	D
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Please submit the following with the application form:

1. Copy of the pupil's most recent report	2. One recent colour passport sized photograph
3. A certified copy of the pupil's ID or Birth Certificate	4. A certified copy of both Parents'/Guardians' IDs
5. Proof of residence, i.e. Utility Bill (certified copy)	6. Copy of Medical Aid card
7. A non-refundable Administration Fee is payable	8. If applying at C-Kids, a copy of Immunisation card
9. If applying for Gr0-12, Confidential Report (must be completed by current school and e-mailed to pa@cambridge.co.za)	

Parent Contract & Indemnity

I/We the Parent(s) / Legal guardian(s) of

Full name of pupil

Agree to the admission of the above pupil to Cambridge Kids, Cambridge Preparatory and Cambridge High School on the following terms and conditions: (Tick boxes please)

I/We have received, read, understood and agree to the conditions contained in the School's Policy and Procedure, School rules and Indemnity. It is further understood that the documentation may be altered or added to by Cambridge Kids, Cambridge Preparatory and Cambridge High School from time to time.	
I/We understand that Cambridge Kids, Cambridge Preparatory and Cambridge High School is a school based on Christian principles and give consent: <ul style="list-style-type: none"> ❖ For my child to be exposed to, and instructed in Christian principles, values and tradition ❖ For my child to be disciplined under the current discipline system 	
I/We hereby grant consent for Cambridge Kids, Cambridge Preparatory and Cambridge High School to contact our current/previous school regarding: <ul style="list-style-type: none"> ❖ Payment of school fees, class and general behaviour and academic performance 	
I/We agree that this agreement will come into effect immediately on signature by me/us and shall remain in force for the full duration of the pupil's enrolment at Cambridge Kids, Cambridge Preparatory and Cambridge High School, (unless earlier terminated by the party in terms of this contract) or until a new annual agreement supersedes this agreement.	
In the event of any other breach of contract by me/us or in the event of serious breach of the Code of Conduct by the pupil or Parent, the School may terminate this contract.	
I/We have been notified of and agree to the school fees applicable to the grade of the aforementioned pupil and any ancillary costs which may be charged from time to time. I/We further acknowledge and consent those fees paid in advance will be deposited by Cambridge Kids, Cambridge Preparatory and Cambridge High School and held in accordance with the provisions of the Consumer Protection Act 2008, with interest or income thereof to accrue to Cambridge Kids, Cambridge Preparatory and Cambridge High School as income.	
I/We agree to give ONE FULL TERM'S notice in writing should we wish to withdraw the pupil from school. Failure to give proper notice will result in me/us being liable for the full term's fees in lieu of such notice. It is my/our responsibility to prove that timeous notice has been provided and any sundry items owing to the school on the last day (tuck shop, copies, phone calls, uniform, transport, outings etc) must be paid by myself/us before the school will issue me with a transfer card and the new school with my child's ed-lab file.	
I/We bind ourselves jointly and severally liable for payment of all school fees and ancillary charges (for instance tours/outings, aftercare) which will become payable in terms of this agreement. These fees will be paid via EFT, either annually in full before the 31 st of January or by the 7 th of each month from January until November. I/We undertake to pay all legal costs, including attorney and client fees and collection costs incurred by the school having to take legal action for necessary school fees or otherwise.	
I/We agree that the school may, in the event of non-payment of fees and or ancillary charges, (which will be deemed to be a material breach of this contract), after having given me/us 7 (seven) days' notice to rectify my default and should I/we still be in breach, summarily terminate this contract and refuse my child entry to Cambridge Kids, Cambridge Preparatory and Cambridge High School.	
I/We accept that Cambridge Kids, Cambridge Preparatory and Cambridge High School has appointed certain preferred suppliers and confirm that I/we understand the financial benefit to be derived by me through this arrangement in respect of price, quality control and branding.	
I/We consent to Cambridge Kids, Cambridge Preparatory and Cambridge High School disseminating my/our names and contact details only to the other parents, staff or responsible persons engaged or authorised by Cambridge Kids, Cambridge Preparatory and Cambridge High School for school related purposes, unless at any time Cambridge Kids, Cambridge Preparatory and Cambridge High School is instructed in writing by me/us differently. I/we acknowledge that my/our contact details and/or e-mail addresses are used by the school and its staff as communication tools via WhatsApp, SMS system and e-mail to inform me/us of important information and will respect the contact details of other parents and NOT use it without their written consent, as stipulated by The Protection of Personal Information Act 4 of 2013.	
I/We give consent to Cambridge Kids, Cambridge Preparatory and Cambridge High School to use my child's results, birthday information, photographs/video recordings and likeness in any program: informational or marketing material in any medium, and/or televise my child's participation in program activities, sport activities, events for the purpose of promotion, fundraising, marketing, documentation, display on Cambridge Academy Website, Cambridge Academy Facebook, Cambridge Academy School Communicator, and or public display, unless at any time Cambridge Kids, Cambridge Preparatory and Cambridge High School is instructed in writing by me/us differently.	
On behalf of my/our child as his/her parent/guardian and on behalf of myself, I hereby further indemnify Cambridge Kids, Cambridge Preparatory and Cambridge High School from any illness contracted by my child, from any cause whatsoever, during attendance at school or otherwise.	
I/We fully understand and accept that my child is at Cambridge Kids, Cambridge Preparatory and Cambridge High School at own risk and I/We undertake on behalf of my/ourselves, my/our executors, my husband/wife and my/our aforementioned child, to indemnify, not hold responsible and absolve the Directors, Principal and Staff of Cambridge Kids, Cambridge Preparatory and Cambridge High School, against and from all claims whatsoever that may arise in connection with any loss or damage to the property, illness or injury to the person of my/our aforesaid child in the course of his/enrolment, in the knowledge that the Principal and Staff of Cambridge Kids, Cambridge Preparatory and Cambridge High School will nevertheless take all reasonable precautions for the safety and welfare of my/our child.	

***Although your consent to the above is voluntary, if, for any reason, you do not give consent then Cambridge Academy may not be able to provide you with its full services.*

Signed at _____ on this _____ day of _____ 20 _____

Parent/Guardian 1 _____ Parent/Guardian 2 _____

PUPIL'S DETAILS

FIRST NAME(S)

SURNAME

PREFERRED NAME

Indicate with an X

DATE OF BIRTH

Y	Y	Y	Y	M	M	D	D
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GENDER

MALE

FEMALE

IDENTITY NO. PASSPORT NO.

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NATIONALITY

FOR FOREIGN PUPIL'S ONLY:

PASSPORT NO.

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DATE OF FIRST ENTRY INTO SA

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THE FOLLOWING TWO ITEMS ARE REQUIRED BY THE EDUCATION DEPARTMENT FOR STATISTICAL PURPOSES

RELIGION

RACE CLASSIFICATION

CURRENT GRADE

PREVIOUS SCHOOL / INSTITUTION:

FROM

Y	Y	Y	Y	M	M	D	D
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TO

Y	Y	Y	Y	M	M	D	D
---	---	---	---	---	---	---	---

FROM

Y	Y	Y	Y	M	M	D	D
---	---	---	---	---	---	---	---

TO

Y	Y	Y	Y	M	M	D	D
---	---	---	---	---	---	---	---

FROM

Y	Y	Y	Y	M	M	D	D
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TO

Y	Y	Y	Y	M	M	D	D
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ACHIEVEMENTS

DID YOU ATTEND AN OPEN DAY?

HAVE YOU BEEN ON A TOUR OF THE PREMISES?

IN CASE OF EMERGENCY PLEASE LIST TWO ALTERNATE NAMES AND NUMBERS.

NAME

RELATIONSHIP TO PUPIL

TEL NUMBER

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CELL NUMBER

--	--	--	--	--	--	--	--	--	--

NAME

RELATIONSHIP TO PUPIL

TEL NUMBER

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CELL NUMBER

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CONSENT: I/We consent to and grant Cambridge Kids, Cambridge Preparatory and Cambridge High School or its appointed agents' permission to access our consumer profile on the database held by relevant credit bureaus and to verify our details as submitted in this contract.

Parent Initial:

DETAILS OF FATHER/GUARDIAN

DETAILS OF MOTHER/GUARDIAN

TITLE SURNAME

MARITAL STATUS

IF DIVORCED FATHER ACCESS TO CHILD? YES NO

IS THE CHILD LIVING WITH YOU? YES NO

ARE YOU THE LEGAL GUARDIAN? YES NO

RELATIONSHIP TO PUPIL

FIRST NAME

DATE OF BIRTH

ID/PASSPORT NO

NATIONALITY

RESIDENTIAL

ADDRESS

CODE

POSTAL

ADDRESS

CODE

OCCUPATION

BUSINESS NAME

POSITION IN

COMPANY

WORK

ADDRESS

CODE

HOME TEL

BUSINESS TEL

CELL

FAX

E-MAIL

ACCOUNT STATEMENTS TO BE E-MAILED TO THIS ADDRESS:

I/We the parent(s) / guardian(s) of: -
(full name of pupil) _____

Hereby apply for his / her admission to the school.

I/We confirm that the information contained in this application is complete and accurate.

I/We understand that this document is the only and final contract with Cambridge Kids, Cambridge Preparatory and Cambridge High School.

FATHER / GUARDIAN SIGNATURE _____ DATE _____

MOTHER / GUARDIAN SIGNATURE _____ DATE _____

FOR AND ON BEHALF OF THE SCHOOL _____

NAME AND INITIALS

SIGNATURE

Parent Initial:

MEDICAL INFORMATION

CONFIDENTIAL

MEDICAL AID

SCHEME
PRINCIPAL MEMBER

OPTION
MEMBERSHIP NO.

FAMILY PRACTITIONER

NAME

TELEPHONE NO.

PUPIL

NAME & SURNAME
GENDER DATE OF BIRTH

PREVIOUS ILLNESSES – Insert year of occurrence in space provided

Allergy	<input type="text"/>	Diphtheria	<input type="text"/>	Mumps	<input type="text"/>	German Measles	<input type="text"/>
Asthma	<input type="text"/>	Poliomyelitis	<input type="text"/>	Scarlet Fever	<input type="text"/>	Rheumatic Fever	<input type="text"/>
Chicken Pox	<input type="text"/>	Enteric Fever	<input type="text"/>	Tickbite Fever	<input type="text"/>	Typhoid Fever	<input type="text"/>
Diabetes	<input type="text"/>	Measles	<input type="text"/>	Drug Sensitivity	<input type="text"/>	Whooping Cough	<input type="text"/>

PLEASE INSERT DATE OF LAST TETANUS IMMUNISATION:

DOES THE PUPIL RECEIVE ANY MEDICAL TREATMENT OR CHRONIC MEDICATION FOR ANY CONDITION?

IF SO PLEASE SPECIFY OR ATTACH LETTER:

HAS THE PUPIL SUFFERED FROM OR BEEN TREATED FOR ANY PSYCHOLOGICAL OR EMOTIONAL UPSET?

IF SO PLEASE SPECIFY:

HAS THE PUPIL SUFFERED FROM ANY CONTAGIOUS OR NOTIFIABLE ILLNESS? IF SO PLEASE SPECIFY:

PLEASE SPECIFY ANY MEDICATION TO WHICH HE/SHE IS ALLERGIC.

IF HE/SHE IS ON ANY MAINTENANCE THERAPY PLEASE ENSURE AN EMERGENCY SUPPLY IS BROUGHT TO SCHOOL AND/OR FOR OUTINGS. PLEASE SPECIFY:

PLEASE SPECIFY ANY OTHER RELEVANT DATA THAT WOULD BE IN THE INTEREST OF YOUR CHILD'S HEALTH AND WELL-BEING.

INSURANCE

I/We, as parents/legal guardians accept the responsibility to take adequate insurance to cover any loss, damage or injury to the child or his/her belongings as Cambridge Kids, Cambridge Preparatory and Cambridge High School shall not be liable for any injury, loss or damage.

CONSENT

In a critical situation please bear in mind that there may not be time to refer to a child's records. Cambridge Kids, Cambridge Preparatory and Cambridge High School therefore reserves the right to utilise the quickest medical service available. By signing below, you agree that the appointed medical practitioner may carry out emergency treatment as may be necessary.

FATHER / GUARDIAN SIGNATURE _____

MOTHER / GUARDIAN SIGNATURE _____

DATE

DATE

Parent Initial:

INDEMNITY DECLARATION

I/We the parent(s) / legal guardian(s) of

full names of pupil

hereby confirm the admission of the pupil named above to:

Cambridge Kids / Cambridge Preparatory / Cambridge High School

I/We hereby give permission for him/her to participate in the curricular and co-curricular activities of Cambridge Kids, Cambridge Preparatory and Cambridge High School and to go on excursions that are necessary in the course of such activities.

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/our child. I specifically indemnify and hold Cambridge Kids, Cambridge Preparatory and Cambridge High School 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/We indemnify Cambridge Kids, Cambridge Preparatory and Cambridge High School and its employees from all liability for any injury or loss sustained by my child on account of any act or omission by my child and I/we accept full liability and responsibility for any such act or omission.

I/We cede our power as parent(s)/guardian(s) to the Principal of Cambridge Kids, Cambridge Preparatory and Cambridge High School or his representatives should medical treatment or surgery to my child be deemed necessary. As far as I/we know, my/our child is physically capable of participating in all Cambridge activities and he/she is in good health.

I/We undertake to inform the Cambridge Kids, Cambridge Preparatory and Cambridge High School Principal in writing should my/our child not be able to participate in normal school activities.

However, the persons responsible should please note the following (please state medical aspects that the staff should be aware of, e.g. 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 pupil's enrolment at Cambridge Kids, Cambridge Preparatory and Cambridge High School.

Signed at _____ on this _____ day of _____ 20_____

Father/Guardian signature _____ Mother/Guardian signature _____

Witness 1 _____
Name Signature

Witness 2 _____
Name Signature

FOR OFFICE USE ONLY

ASSESSMENT DATE ASSESSMENT RECEIVED

GENERAL COMMENTS _____

CONDITIONS OF ACCEPTANCE _____

APPLICATION FEE:

ADMINISTRATION FEE AMOUNT DATE
NON-REFUNDABLE REGISTRATION FEE AMOUNT DATE