

Lord Milner School

Private Bag X421 Settlers, 0430

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E-Mail:<u>admin@lordmilner.co.za</u>
Web: www.lordmilner.co.za

Admission No:	
Laundry No:	
Boarding Home Name:	

APPLICATION FOR ADMISSION TO LORD MILNER SCHOOL



N.B. THIS FORM MUST BE COMPLETED IN FULL BY THE PARENT/GUARDIAN/PROXY AND HANDED IN AT THE SCHOOL WHICH THE CHILD ATTENDS AT PRESENT. THE RECOMMENDATION BY THE PRESENT PRINCIPAL MUST BE COMPLETED.

THE DECISION OF THE ENROLMENT PANEL WILL BE FINAL. NO CORRESPONDENCE OR FURTHER DISCUSSION WILL BE ENTERED INTO.

THIS APPLICATION WILL NOT BE CONSIDERED UNLESS THE FOLLOWING DOCUMENTATION IS ATTACHED:

1. COPY OF THE BIRTH CERTIFICATE

2. COPY OF MOST RECENT REPORT

3. 2 I.D PHOTOS

- 4. PROOF OF INCOME AND BANK STATEMENTS
- 5. COPIES OF PARENTS / GUARDIAN'S ID

IMPORTANT NOTICE

All applications for admission to Lord Milner School close at the end of the 2nd Term.

APPLICATION FOR:	Day Learner	Boarde	er Grade	For the school year	
DETAILS OF PUPIL:					
Surname					
First names (in full)					
Name by which learne	er is called				
Male Female Present Grade					
I.D. Number					
Home Language		Nationalit	yRe	eligion	
Number of children in	family	F	Position of learner in	family (e.g. First)	
NAME/S OF BROTHER	RS, SISTERS		PRESENT SCHOOL		

	PPLYING FOR BOARDII		
Address			
Have all financial oblig	gations to the school been	met by the parent/guardian?	
FULLY PAID	LARGELY PAID	LARGELY UNPAID	UNPAID
	N BY PRESENT PRINC	<u></u>	
Date		 Prin	cipal
	TACT / NUMBERS		•
EMERGENCY CON Should it at any time to Kindly supply at least	pe impossible to contact me	e directly, you may contact the fo	ollowing friends/relatives:

INFORMATION REGARDING PARENT/S OR GUARDIAN/S

	FATHER	MOTHER	₹	GUARDIAN (where applicable)			
SURNAME				•	•		
FIRST NAMES							
HOME LANGUAGE							
OCCUPATION							
EMPLOYER							
IDENTITY NUMBER							
MARITAL STATUS MAR/DIV/WID/SINGLE LEARNER RESIDES							
WITH	YES NO	YES NO)	YES	NO		
PHYSICAL ADDRESS							
TOWN							
POSTAL CODE							
POSTAL ADDRESS							
TOWN							
POSTAL CODE							
TELEPHONE (HOME)							
TELEPHONE (WORK)							
CELLPHONE							
E-MAIL ADDRESS							
PERSON RESPONSIBLE FOR FEES (TICK THE BOX)	FATHER	MOTHER		GUARDIAN			
PERSON(S) AUTHORISE	D TO COLLECT BOARDE	R FROM SCHOO	<u>L:</u>				
SURNAME & INITIALS							
CONTACT DETAILS	(W)	(W)		(W)			
CONTACT DETAILS	(C)	(C)		(C)			
RELATIONSHIP							
PERSON(S) NOT AUTH	ORISED TO COLLECT BC	ARDER FROM S	CHOOL:				
SURNAME & INITIALS							
ONITACT DETAILS (W) (W		(W)	N)		(W)		
CONTACT DETAILS	(C)	(C)		(C)			
RELATIONSHIP							
SCHOOLS (GRADE R INC	CLUDED) ATTENDED						
		DATE OF ADM	MISSION	DATE OF C	EPARTURE		
NAME OF SCHOOL		DADE	DATE	CBADE			

UNDERTAKING BY PARENT / GUARDIAN / PROXY

(a) Code of Conduct:

I am aware that my child will be subject to Boarding Home regulations as well as to the rules of the school at all times. (See signed Code of Conduct)

I, as parent, agree to comply with the rules of the Boarding Home and school, and understand:

- 1. Re-registration for subsequent years is mandatory to reserve space for a learner.
- 2. Removal from Boarding Home is automatic removal from class as that bed needs to be occupied by another learner who will also need space in the classroom.

and undertake to:

(i) PAY THE FEES IN ADVANCE, EVERY TERM. (THE GOVERNING BODY RESERVES THE RIGHT TO EXCLUDE PUPILS WHOSE FEES ARE NOT FULLY PAID.)

		RIGHT TO EXCLUDE PUPILS WHOSE FEES ARE NOT FULLY PAID.)
	(ii)	The South African Schools Act (Act 84 of 1996) clearly stipulates that parents who enrol their children in a Quintile 5 school are obligated to pay fees as determined by the School Governing Body
	(iii)	Compensate for any damage to boarding home/school property caused by my child, whatever it may be.
		Signature
(b)	I grar	nd permission for my child's photo to be put on the school's website and social media platforms. YES NO
(c)	Trans	sport
	and t expe	aware that the Boarding Home is closed during school holidays and Compulsory Out Weekends, hat it is my responsibility to provide transport for my child to and from boarding home at my own nse. Id I make use of transport provided by the school, I undertake to comply with the stipulated edures, booking two weeks in advance.
	·	Signature
1.	I have	e no objection to my child attending inter-denominational church services on Sundays.
		Signature
2.		e no objection to my child reasonably participating in the extra-mural activities of the School and ding Home. (Medical factors will be taken into consideration).
		Signature:
3.	I inde	emnify Lord Milner School and its headmaster and educators against any claims of any nature
	i. ii. iii.	Out of the conduct and acts of the learner. Out of events connected with traveling School activities generally.
	I wai	ve any claim against Lord Milner School and its headmaster and educators and employees for ning bona fide done under this authority.
	THUS	SIGNED at on this
	day c	of:20
	,	

PARENT / LEGAL GUARDIAN

MEDICAL CARD - CLINIC

THIS FORM MUST BE ACCOMPANIED BY THE FOLLOWING DOCUMENTS:

1. COPY OF I.D (MED. CARD HOLDER)

2. COPY OF MEDICAL AID CARD

LEARNER INFORMATION Surname:	<u>:</u>					Roardi	na Hom	· ·	
Name learner is called:					Boarding Home: Laundry no:		J .		
Names in full:						Lauriui	y 110.		
Date of Birth:						Girl	1	Dov	
					Desition in the family	1st	2 nd	Boy 3 rd	4th
I.D No (Birth Certificate)					Position in the family	Child	Child	Child	Child
Home Language:					(indicate with X)	Crilia	Crilla	Crilla	CHIIC
Religion: PARENT / GUARDIAN INF	ODMATI	ON.							
PARENT / GUARDIAN INF FATHER / GUARDIAN	URIVIATI	ON:			MOTHER / GUARDIAN				
Surname:					Surname:	<u>.</u>			
Name:					Name:				
Telephone (H)					Telephone (H)				
Telephone (W)					Telephone (W)				
Cell no:					Cell no:				
		TOD AND	CUEMICT ACC	TIMIT					
PERSON RESPONSIBLE I Title and Surname:	טע אטנ	JUK AND (CHEWIST ACC	ו אוטכ	: Name/s:				
Medical Aid Name:					Medical Aid Number:				
					Medical Ald Number.				
Telephone Number:	4				0				
Name of Dependant:	1.				2.				
	3.				4.				
PHYSICAL ADDRESS				DO	STAL ADDRESS				
FITT SICAL ADDRESS				ΡΟ.	STAL ADDRESS				
		<u> </u>		<u> </u>					
The boarding home staff tak I understand that the fees pa prescription, etc) In the event of illness or acc	ayable do	not cover the	e cost of profess	ional	medical treatment (docto	r, dentist	, hospital	ization,	naster /
Head Matron:									
a) May take the neces	sarv ster	s to ensure t	he hest available	e med	ical treatment				
					should the practicing phy	sician de	em it nec	essary.	
c) The parent will be i								•	
					Ciamatum				
					Signature				
DETAILS OF ANY MEDICA	AL TREA	TMENT, CH	RONIC ILLNES	S OR	ALLERGIES OF CHILD	:			
		· · · · · ·							
INFORMATION PERTAINI	NG TO M	Y CHILD'S	PRESENT STA	TE OI	HEALTH, HANDICAPS	OR AILI	MENTS:		

OPEN AN ACCOUNT IN BELA-BELA:

CHEMIST: 014 736 2301 DOCTOR: 014 736 2224



Lord Milner School

INDEMNITY FORM

I, the undersigned
being the father / mother or legal guardian of
(hereinafter referred to as the Learner)do hereby give my consent that the said learner may participate in all activities at Lord Milner School, Settlers, as determined by the Headmaster of the school or by the educator in charge of the learner from time to time, including sport and travelling with respect to such authorised school activities.
I authorise Lord Milner School, acting through its headmaster or an educator in charge of learners' activities within the framework of school activities, to make decisions that might be necessary in regard to medical treatment (in emergency situations only without reference to me) as may be considered necessary for the welfare of the learner.
I indemnify Lord Milner School and its headmaster and educators against any claims of any nature arising out of the conduct and acts of the learner and out of events connected with travelling and school activities generally which are undertaken in connection with such activities. I waive any claim against Lord Milner School and its headmaster and educators and employees for anything bona fide done under this authority.
THUS SIGNED at on this day of
PARENT / LEGAL GUARDIAN