



Lord Milner School

Private Bag X421
Settlers, 0430

Tel: 014-7300 111
Fax: 086-655 8554
E-Mail: admin@lordmilner.co.za
Web: www.lordmilner.co.za

FOR OFFICE USE ONLY

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 closes before Open Day in October.

APPLICATION FOR: Day Learner Boarder Grade For the school year

DETAILS OF PUPIL:

Surname

First names (in full)

Name by which learner is called

Male Female Present GradeDate of birth

I.D. Number

Home Language.....Nationality.....Religion.....

Number of children in familyPosition of learner in family (e.g. First)

NAME/S OF BROTHERS, SISTERS	PRESENT SCHOOL

REASONS FOR APPLYING FOR BOARDING:

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.....

Present school

Telephone number

Fax number

Address.....

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Have all financial obligations to the school been met by the parent/guardian?

FULLY PAID		LARGELY PAID		LARGELY UNPAID		UNPAID	
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RECOMMENDATION BY PRESENT PRINCIPAL

Compulsory

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.....

.....
Date

.....
Principal

EMERGENCY CONTACT / NUMBERS

Should it at any time be impossible to contact me directly, you may contact the following friends/relatives:
Kindly supply at least 4 numbers

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.....
.....

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 <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
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 <input type="checkbox"/>	MOTHER <input type="checkbox"/>	GUARDIAN <input type="checkbox"/>

PERSON(S) AUTHORISED TO COLLECT BOARDER FROM SCHOOL:

SURNAME & INITIALS			
CONTACT DETAILS	(W)	(W)	(W)
	(C)	(C)	(C)
RELATIONSHIP			

PERSON(S) **NOT AUTHORISED TO COLLECT BOARDER FROM SCHOOL:**

SURNAME & INITIALS			
CONTACT DETAILS	(W)	(W)	(W)
	(C)	(C)	(C)
RELATIONSHIP			

SCHOOLS (GRADE R INCLUDED) ATTENDED

NAME OF SCHOOL	DATE OF ADMISSION		DATE OF DEPARTURE	
	DATE	GRADE	DATE	GRADE

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.

and undertake to:

(i) **PAY THE FEES IN ADVANCE, EVERY TERM**

(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 grant permission for my child's photo to be put on the school's website and social media platforms.

YES	NO
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(c) **Transport**

I am aware that the Boarding Home is closed during school holidays and Compulsory Out Weekends, and that it is my responsibility to provide transport for my child to and from boarding home at my own expense.

Should I make use of transport provided by the school, I undertake to comply with the stipulated procedures, booking two weeks in advance.

Signature

1. I have no objection to my child attending inter-denominational church services on Sundays.

Signature

2. I have no objection to my child reasonably participating in the extra-mural activities of the School and Boarding Home. (Medical factors will be taken into consideration).

Signature:

3. I indemnify Lord Milner School and its headmaster and educators against any claims of any nature arising;

i. Out of the conduct and acts of the learner.

ii. Out of events connected with traveling

iii. School activities generally.

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: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:		Boarding Home:				
Name learner is called:		Laundry no:				
Names in full:						
Date of Birth:		Position in the family (indicate with X)	Girl		Boy	
I.D No (Birth Certificate)			1 st	2 nd	3 rd	4 th
Home Language:			Child	Child	Child	Child
Religion:						

PARENT / GUARDIAN INFORMATION:

FATHER / GUARDIAN

MOTHER / GUARDIAN

Surname:	Surname:
Name:	Name:
Telephone (H)	Telephone (H)
Telephone (W)	Telephone (W)
Cell no:	Cell no:

PERSON RESPONSIBLE FOR DOCTOR AND CHEMIST ACCOUNT:

Title and Surname:	Name/s:
Medical Aid Name:	Medical Aid Number:
Telephone Number:	
Name of Dependant:	1. 2. 3. 4.

PHYSICAL ADDRESS	POSTAL ADDRESS

The boarding home staff takes care of home nursing to the best of their ability, making use of the medicine in the clinic. I understand that the fees payable do not cover the cost of professional medical treatment (doctor, dentist, hospitalization, prescription, etc)
 In the event of illness or accident where I cannot be consulted in time, I give my consent that the Headmaster, Senior Housemaster / Head Matron:

- a) May take the necessary steps to ensure the best available medical treatment.
- b) May give permission on my behalf for an emergency operation should the practicing physician deem it necessary.
- c) The parent will be responsible for the cost.

Signature.....

DETAILS OF ANY MEDICAL TREATMENT, CHRONIC ILLNESS OR ALLERGIES OF CHILD:

INFORMATION PERTAINING TO MY CHILD'S PRESENT STATE OF HEALTH, HANDICAPS OR AILMENTS:

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.....20.....

.....
PARENT / LEGAL GUARDIAN