



Consent form 2019 Grade 10-12

“Train up a child in the way he/she should go”

Name of applicant:	
Grade:	
Year:	
D-Number:	

We,

(Full names and surnames of BOTH parents/ legal guardians) of

(Full name and surname of learner)

Hereby give our consent that he/she attends and participate in all activities at Le-Amen Private School. Should medical aid be required for our child, we cede our powers to the principal of Le-Amen, or his representative for the course. As far as we know, he/she is in a good state of health. We, however, request persons to note the following:

(Mention here any particulars in connection with your child’s state of health and / or any activities he/she may not participate in.)

‘Train up a child in the way he should go,
And when he is old he will not depart from it.’ Proverbs 22v6

Information required in case of medical/ hospital treatment:

	Parent / Guardian 1	Parent / Guardian 2
Name and address of employer		
Name and number of medical fund		
Physical address of parents/guardians		
Contact number (home)		
Contact number (work)		
Contact number (cell)		
Emergency contact 1 <i>(other than parent/guardian)</i>		
Emergency contact 2 <i>(other than parent/guardian)</i>		

In the knowledge that the principal and his staff will take all reasonable precautions for the safety and welfare of our child, we nevertheless understand and accept that all activities and excursions shall be undertaken at our child's own risk and we undertake, on behalf of ourselves and our child above said to indemnify, hold harmless and absolve the Department of Education, Le-Amen Private School, the principal, teachers and staff against and from any or all claims whatsoever that may arise in connection with any loss or damage to the property or injury to their person of our child in the course of his/her stay or/an excursion.

	Parent / Guardian 1	Parent / Guardian 2
Name and surname		
Identity number		
Date		
Signature		

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Financial obligation binding contract.

We,

(Full names and surnames of BOTH parents/ legal guardians) of

(Full name and surname of learner)

We hereby acknowledge that _____ are responsible for the account/s being paid timeously and according to the manual . We acknowledge that accounts that are not paid timeously every month will incur interest. We understand that this form serves as a binding contract financially. All fees outstanding up-until the termination or notice period that has not been paid will be handed over to our lawyers and that all legal fees or any costs incurred will be added to the outstanding amount owed to Le-Amen Private School.

- **ID NUMBERS of PARENTS:**

I.D No: _____

I.D No: _____

- **CONTACT DETAILS FOR ACCOUNT COMMUNICATIONS:**

E-Mail adress: _____

Tel: _____

Tel: _____

Tel: _____

Date: _____

Parent/s Signature

Parent/s signature

Place

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