

GOLDRIDGE NURSERY SCHOOL

ENTRANCE APPLICATION FORM

COPY OF CHILD'S BIRTH CERTIFICATE REQUIRED
and \$.....REGISTRATION FEE

Date of Application: _____

SECTION ONE

PARTICULARS OF CHILD

SURNAME: _____

FIRST NAMES: _____

DATE OF BIRTH: _____

SEX (Tick appropriate) BOY: _____ GIRL: _____

NATIONALITY: _____

RELIGIOUS DENOMINATION: _____

PRESENT SCHOOL ATTENDING: _____

PREVIOUS SCHOOLS ATTENDED

YEARS ATTENDED

HAS THE CHILD ANY BROTHERS/ SISTERS AT GOLDRIDGE SCHOOL (ie: PRIMARY OR COLLEGE)? YES , please give details:

NAME : _____ GRADE / FORM: _____

EXPECTED DATE OF ENTRY TO GOLDRIDGE SCHOOL: _____

CLASS APPLYING FOR

3-4 YFARS

GRADE 0

IS HE/SHE PROFICIENT IN THE ENGLISH LANGUAGE YES _____ No _____

HOME LANGUAGE/S: _____

ANY PHYSICAL HANDICAPS/ALLERGIES OR MEDICAL HISTORY:

SECTION 2

PARTICULARS OF PARENTS

FULL NAME OF CUSTODIAN /PARENT: _____

FULL NAME OF GUARDIAN: _____

FULL RESIDENTIAL ADDRESS: _____

FULL POSTAL ADDRESS : _____

ADDRESS TO WHICH CORRESPONDENCE MUST BE SENT: _____

TELEPHONE
NUMBER HOME _____

BUSINESS FATHER _____ CELL FATHER _____

BUSINESS MOTHER _____ CELL MOTHER _____

EMERGENCY CONTACT _____

OCCUPATION OF FATHER _____

OCCUPATION OF MOTHER _____

BUSINESS ADDRESS OF FATHER _____

BUSINESS ADDRESS OF MOTHER _____

<u>ARE YOU A:</u>	SINGLE PARENT	YES	NO
	DIVORCED	YES	NO
	LEGAL CUSTODIAN	YES	NO
	LEGAL GUARDIAN	YES	NO

FAMILY DOCTOR _____ PHONE NO _____

DOCTOR'S ADDRESS _____

SECTION 3

DETAILS OF BROTHERS/SISTERS ALREADY ENROLLED IN THE SCHOOL

	NAME	PRESENT GRADE
1.	_____	_____
2.	_____	_____
3.	_____	_____

FUTURE BROTHERS/ SISTER TO BE ENROLLED IN THE SCHOOL

	NAME	AGE
1.	_____	_____
2.	_____	_____
3.	_____	_____

GOLDRIDGE NURSERY SCHOOL

CONTRACT

BETWEEN GOLDRIDGE NURSERY SCHOOL (THE SCHOOL)

AND

Witness:

1. The **School** hereby accepts and the **Parent** undertakes to place with the **School**, the **Pupils** as a pupil with effect from the term commencing on

2. The **Parents** undertakes to pay all fees and other charges which the **School**, in its sole discretion, shall impose from time to time for each term the **Pupil** remains at the school, termly in advance **on or before the first day of each term.**

3. The **Parents** further undertakes to supply the **Pupil** with all uniforms , equipments and other requirements as may be stipulated by the **School** from time to time and to replace the same as and when necessary.

4. In the event of the Parent wishing to withdraw the **Pupil** from the School, he shall be obliged to give one **MONTHS NOTICE** , in writing of withdrawal, failing which the Parent may be obliged to pay **ONE FULL TERMS FEES** and **CHARGES** in lieu of notice.

5. The **Parent** shall not be entitled to a refund of any fees or charges for any period the Pupils does not attend the **School**, from whatever cause arising.

6. The **School** reserves to itself the right to impose any fee or charge for any service whatsoever, or to vary the same, without notice, provided that, if a months' notice is,not given within the first seven (7) school days of that term, the **Parent** shall have the right to withdraw the **Pupil** from the **School** at the end of that term on giving written notice accordingly with 14 days of notification of such imposition, increase or variation.

7. **The parents acknowledges that:**

7.1 He and the **Pupil** are bound by and obliged to abide by all rules , regulations and instructions which the Board of Governors and .or the Head shall make from time to time relating to the **School**, whether concerning its operations, the conduct of pupils, the participation in the activities of the **School** or otherwise;

8. The Head in his/her sole discretion has the authority and the right:

- **To expel, or to request the removal of the pupil from the school for any cause judged by him to be sufficient.**
- **To refuse to allow the Pupil to attend the School until the fees for that term (due in advance) and any outstanding fees and charges have been fully paid, without prejudice to the school's right to claim and enforce payment of the fees and charges for that term.**

- **To administer corporal punishment for any cause judged by him to be sufficient.**
9. The **Parent** agrees to indemnify and hold harmless the **School**, the Head or any member of Staff for any accident, illness or any injury which his/ her child incurs during, or as a result of sporting functions, visits /tours or any other activity the **School** may arrange and that he/ she will take entirely at his/ her own risk.
Furthermore, the **Parent** acknowledges that the **Ministry of Education and / or Government** is indemnified from any legal suit which may result from disputes or accidents involved his/ her child.
 10. In the event of any emergency, whether medical or otherwise , in which it is not possible for effective communication to be established with the **Parent** , the **Parent** hereby agrees that the Head shall have authority in “loco parents” to make any decisions be considers necessary.
 11. If the necessary for the school to institute any proceedings under this contract, the parties agree to accept the jurisdiction of the **Magistrates Court for the Province of the Midlands , sitting at Kwekwe** . not with standing that the action or matter might otherwise exceed the jurisdiction for such county for whatever reason.
 12. The **Parents** warrants that he/she is the lawful Guardian of the **Pupil** and entitled to enter into this Contract.
 13. All reference to the Head shall include any Acting or Deputy Head and all reference to the masculine gender shall include the feminine gender.

DATED ATTHISDAY OF.....
YEAR.....

SIGNATURE OF HED MASTER:_____

SIGNATURE OF PARENT/ GUARDIAN/ CUSTODIAN:_____

GOLDRIDGE NURSERY SCHOOL

INDEMNITY FORM

FOR ALL SCHOOL ACTIVITIES

I the undersigned (Name of Parent):

being the parent/guardian of (Name of child):

do hereby give my consent to his/her taking part in the visit/activity organized by **Goldridge Primary School**.

I understand that he/she will take part entirely at his/her own risk (this includes **Goldridge**, hired or private transport), and that while every precaution and care will be taken by the organizer(s), neither they, the Headmaster/or any member of staff will be held responsible for any accident, illness or any injury which may occur during or as a result of the visit/tour/activity, and they are indemnified from any legal suit which may result from disputes or accidents involving my child.

Further, I authorize the organizer(s), the Headmaster/Member of Staff, to act in "loco parentis" and empower them to authorize any surgical operation or other essential medical treatment which for any reason may become necessary during the visit/tour/activity and acknowledge that the ministry of Education and /or government is indemnified from any legal suit which may result from disputes or accidents involving my child.

DATE:

SIGNATURE PARENT/GUARDIAN/CUSTODIAN

Please turn over to page the next page

PARENTAL DETAILS

CONTACT ADDRESS (PARENT/GUARDIAN/CUSTODIAN)

CONTACT TELEPHONE/CELL NO _____

E-MAIL ADDRESSES _____

MEDICAL AID DETAILS

NAME OF MEDICAL AID SOCIETY

MEDICAL AID NUMBER

EMPLOYER'S NAME

EMPLOYERS ADDRESS

EMPLOYER'S TELEPHONE NO _____

ANY OTHER MEDICAL INFORMATION PARENTS WOULD LIKE THE NURSERY SCHOOL TO BE AWARE OF:-
