



Bedford Country School

APPLICATION FOR ADMISSION

ID size photo

Please complete this form and return to office.bcs@r63.co.za. For any queries, please contact Sue Wells on 046 685 1605

Date when entry is desired: _____ Grade: _____

Is the pupil to be a day scholar or boarder: Day scholar Boarder

A. PUPIL INFORMATION

Surname: _____

First names: _____

Preferred name: _____ Date of birth: ____/____/____

ID no.: _____ Nationality: _____

Home language: _____ Religious denomination: _____

Present grade: _____ Grades repeated: _____

Siblings at BCS: Y N (*mark with an X*) Siblings' House: Kudu Zebra
(Past and/or present)

Dexterity: Left handed Right handed

Pupil's swimming ability: Cannot swim Basic swimming ability Confident swimmer

B. PARENT / GUARDIAN INFORMATION

PARENT/ GUARDIAN 1

PARENT / GUARDIAN 2

Relationship to child: _____

Title (Mr/Ms/Mrs/Dr) : _____

Surname: _____

Name: _____

ID no. / Passport no: _____
(Passport no. for non-South Africans)

Citizenship: _____

Occupation: _____

Employer: _____

Cell phone number: _____

Home phone number: _____

--	--



Work phone number: _____

Email address: _____

Home address: _____

Postal address: _____

*** Please note that you are obligated to notify us promptly of any changes of contact details**

With whom does the child stay? Both parents Mom Dad Other

(If other please complete below and supply copy of ID)

Full name: _____

Relationship to child: _____

Address: _____

Telephone number: _____

C. SCHOOL FEES

1. Please note that the payment of school fees is compulsory at Bedford Country School as per the yearly fee structure.
2. Terms of payment: All tuition fees shall be due and payable by the 7th day of each month in advance for 11 months of the year. (January – November).

Please indicate who is responsible for payment of school fees.

Mother Father Guardian Other (If other please complete section below and supply copy of ID)

Full name: _____

Relationship to child: _____

Address: _____

Cell phone number: _____

Email address: _____

Signature: _____

--	--



D. MEDICAL INFORMATION

Allergies: _____
Permanent conditions (asthma, diabetes, ADHD): _____
Routine medication (inhalers, Insulin, Ritalin): _____
Psychological history (depression etc): _____
Any other information e.g. serious operations: _____

E. MEDICAL AID DETAILS

Name of scheme: _____ Option: _____
Principal member: _____ ID no. _____
Medical aid number: _____ Dependent code: _____
Name of Doctor: _____ Telephone number: _____

YOUR APPLICATION CAN ONLY BE PROCESSED ONCE THE FOLLOWING DOCUMENTATION HAS BEEN RECEIVED BY THE SCHOOL:

1. Copy of **birth certificate**
2. Copy of **clinic card**
3. Copy of last **two reports** from the pupil's present school (if applicable)
4. Photocopies of the front page of the **IDs / Passports of both parents/guardians**
5. A copy of the latest **school fee account** (if applicable)
6. Copy of **medical aid card**
7. Any **reports** supporting possible learning barriers/support, be it professional assessments or evaluations of behavioural/emotional/psychological/medical etc. needs.

<input type="text"/>	<input type="text"/>
----------------------	----------------------



PLEASE NOTE:

- Nothing in this application should be interpreted as a guarantee made by Bedford Country School that your child will be admitted to and enrolled in the school.
- The furnishing of false information will invalidate this application.
- Bedford Country School is committed to protecting your privacy in accordance with **The Protection of Personal Information Act (POPIA)**. We pledge to use contact information responsibly and primarily for the use of distributing news and information pertaining to the school.
- By completing this document and providing Bedford Country School with the necessary supporting documentation, you are providing consent that:
 - Bedford Country School may use your and your child's personal information for the purpose of processing this application.
 - Bedford Country School may conduct enquiries that are necessary to verify any information given in this application.

Dated at _____ this _____ day of _____ 20____
(Date) (Month) (Year)

Signed: _____ Full name: _____

Signed: _____ Full name: _____

Part of the Admissions Process includes a placement assessment for children 4 and above. You will be contacted to confirm a date and time for this.

All applicants will receive a reply telephonically or via e-mail.

Should you be a successful applicant you will receive a parent contract via email to sign and a non-refundable enrolment fee with be invoiced.

<input type="text"/>	<input type="text"/>
----------------------	----------------------