# Bedford Country School

**APPLICATION FOR ADMISSION**

ID size photo

Please complete this form and return to office@bedfordcountryschool.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: | _____ | _____ |



Initials of both Parents/Guardians

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: _____



Initials of both Parents/Guardians ☐ ☐

## 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.



Initials of both Parents/Guardians ☐ ☐

**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.



Initials of both Parents/Guardians