

MY DELIGHT IS IN YOU



**HERITAGE ACADEMY**

*Independent Christian School*

NAME: \_\_\_\_\_

YEAR: \_\_\_\_\_

GRADE: \_\_\_\_\_

Photograph of child

*For office use only:*

Deposit: \_\_\_\_\_

Financial Clearance: \_\_\_\_\_

Interview: \_\_\_\_\_

# APPLICATION FOR BOARDING

PO Box 21664  
Mayors Walk  
3208  
**019-898-NPO**

T: 033-3441862  
F: 033-3442852  
e: [admin@heritageacademy.co.za](mailto:admin@heritageacademy.co.za)  
[www.heritageacademy.co.za](http://www.heritageacademy.co.za)

8 Stott Road  
Prestbury  
Pietermaritzburg  
3201

**ADVENTUROUS CHRISTIAN EDUCATION**



**CHILD'S DETAILS**

Surname: \_\_\_\_\_

First Names: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Grade on Admission to Boarding Establishment: \_\_\_\_\_

Gender: \_\_\_\_\_

**PARENTS' DETAILS :**

**MOTHER:**

Name and Surname: \_\_\_\_\_

Telephone Numbers:

Home: \_\_\_\_\_ Work: \_\_\_\_\_

Cell: \_\_\_\_\_

E-mail address: \_\_\_\_\_

**FATHER:**

Name and Surname: \_\_\_\_\_

Telephone Numbers:

Home: \_\_\_\_\_ Work: \_\_\_\_\_

Cell: \_\_\_\_\_

E-mail address: \_\_\_\_\_



**GUARDIAN:**

Name and Surname: \_\_\_\_\_

Telephone Numbers:

Home: \_\_\_\_\_ Work: \_\_\_\_\_

Cell: \_\_\_\_\_

E-mail address: \_\_\_\_\_

**POSTAL ADDRESS OF PARENT/ GUARDIAN:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MEDICAL AID**

Name and Number : \_\_\_\_\_

Main Member: \_\_\_\_\_

**MEDICAL HISTORY:** *(allergies if any): to be accompanied by doctors certificate*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



## **MEDICAL TREATMENT**

I hereby consent to the administering of first aid and to consultation with a doctor in the case of accident or suspected illness of my child \_\_\_\_\_.

I understand that discretion will be used and that those in authority will first make every effort to contact me or my spouse or the legal guardian. I agree to carry any cost incurred for medical purposes.

Mother : \_\_\_\_\_ Father : \_\_\_\_\_

**OR**

Legal Guardian: \_\_\_\_\_

Witness 1: \_\_\_\_\_ Witness 2: \_\_\_\_\_

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## **FINANCIAL POLICY FOR BOARDING**

1. The Annual Fee as stated on the schedule of fees for the current year is for BOARDING ONLY per boarder, regardless of age or grade. This is subject to change as the need demands. Prior notice will be given of any change. Cost of running the establishment will be confined to the necessary and desirable minimum.

2. Fees are payable **IN ADVANCE** at the beginning of each month for 12 months. (i.e. January to December inclusive.)

**SHOULD THESE FEES NOT BE PAID BY THE DUE DATE, THE BOARDER'S PLACE IN THE BOARDING ESTABLISHMENT MAY BE FORFEITED TO SOMEONE ELSE. THIS STATEMENT OF POLICY CONSTITUTES A WARNING AND NO FURTHER WARNINGS WILL BE GIVEN.**

3. A non-refundable ***booking deposit equivalent to the amount of one month's Boarding fees*** is payable on acceptance in order to secure your child's place in the Boarding Establishment. This amount will be deducted from the first instalment of the year.

4. Payments are to be made to Heritage Academy by **depositing payment into our Nedbank account:**

**Nedbank**

**Pietermaritzburg Branch**

**Branch Code: 198765**

**Account Number: 1010 382 144**

Please send in or fax deposit slips to the school, showing **pupil's name** as Reference. (Fax No: 033 – 3442852).

Please **do not send cash for fees with your child**, especially if your child is using public transport.



5. Personal spending money for the boarder must kindly be restricted. There will be a service charge levied on amounts deposited into the school's bank account for the boarder's personal expenses.
6. Any additional money sent with the boarder must be earmarked and also submitted to the Boarding Superintendent. Please obtain a receipt for any monies handed in. The School / Boarding Establishment will not be held responsible for loss of goods or cash.
7. Kindly note that should parents default in their payment of fees and other charges the school has the right to hand the account over for collection. All costs incurred will be to the account holder's expense.
8. Parents will be billed during the last week of any given month in respect of boarding fees due in advance, and any costs which have been incurred in that month. Parents are expected to meet this financial obligation **in full** on or before the seventh day of the month.
9. If by the time of issuing the following statement the payment has not been made, interest at 2% per month will be charged on all outstanding amounts. If payment is not made in full by the end of the month, the Board will request the parents to remove their child from the Boarding Establishment until the outstanding payment has been met **in full**.
10. If a pupil should be found responsible for the loss of or damage to property of the Boarding Establishment or any other party, whether accidentally or deliberately, the parent/sponsor shall be held liable for reasonable payment or repair.
11. Should parents decide to remove their child from the Boarding Establishment it will be necessary to inform the school of this decision **in writing** giving the school one (1) full quarter's notice. If this is not done the parents will be required to pay one



quarter's fees in lieu of notice. **Note:** This also applies to the year-end, i.e. you will be held responsible for payment of fees for the first term of the following year should you not give due notice.

12. The terms of the Financial Policy will apply for the duration of the child's enrolment in the Heritage Academy Boarding Establishment.



## **CONDITIONS OF ACCEPTANCE**

I/We the undersigned \_\_\_\_\_ (Father / Guardian)  
and \_\_\_\_\_ (Mother / Guardian)  
of \_\_\_\_\_ (Child)

hereby agree to the terms of acceptance of the above child as a boarder at the Heritage Academy Boarding Establishment as outlined below.

1. I/We give the Principal of Heritage Academy full responsibility to act in loco parentis over my/our child. Similarly any other staff who have authority over my/our child may exercise discipline in an accountable manner.
2. I/We understand that while the greatest care will be taken to protect the well-being of my/our child, I/we will not hold the school – Heritage Academy, or the Boarding Establishment of Heritage Academy, or the Board, Principal or members of staff of the said school, or the Supervisor or Boarder Master/Mistress of the said Boarding Establishment, responsible for any accidental harm, distress or death caused to my/our child, while on the School or Boarding premises, or while off the same with or without permission.
3. I/We understand that while my/our child's possessions will be taken care of, I/we do not hold the School or Boarding authorities responsible for any loss of property.
4. I/We understand that the Principal reserves the right to terminate my/our privilege of using the Boarding Establishment facilities if I/we do not pay the due fees by the required date, or if my/our child refuses to behave in a desirable manner, or if there is any serious breach of or non-compliance with the general expectations and code of ethics.
5. I/We accept the terms of the Financial Policy for Boarding.



**Signed:** \_\_\_\_\_ (Father / Mother /Guardian)

at Pietermaritzburg on \_\_\_\_\_ (date).

**As Witness:** \_\_\_\_\_

**To be completed by Parent /Guardian :**

**Name of Parent / Guardian:** \_\_\_\_\_

**Name of learner:** \_\_\_\_\_

I have read and understand the guidelines as applicable to Heritage Academy Boarding Establishment. I have chosen to place my child in this Boarding facility and authorise the Principal and Superintendent to act on my behalf during emergencies. I will also do my best to ensure that my child does not contravene any of the guidelines as stated. Should my child contravene these guidelines, I understand that he/she will be liable for disciplinary action against him/herself. I further understand that serious or continuous contravention can lead to suspension or even expulsion from the Boarding Establishment.

\_\_\_\_\_  
**Signature of Parent / Guardian**

\_\_\_\_\_  
**Date**



I also allow **only the following people** to visit my child \_\_\_\_\_ (name) on week-ends and to sign my child out of the Boarding Establishment and I accept responsibility for their actions while they visit.

**Surname:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_ **Identity Number:** \_\_\_\_\_

**Relationship to child:** \_\_\_\_\_

**Contact telephone numbers:** \_\_\_\_\_ **(cell)**

\_\_\_\_\_ **(H)** \_\_\_\_\_ **(W)**

**Surname:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_ **Identity Number:** \_\_\_\_\_

**Relationship to child:** \_\_\_\_\_

**Contact telephone numbers:** \_\_\_\_\_ **(cell)**

\_\_\_\_\_ **(H)** \_\_\_\_\_ **(W)**

**Surname:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_ **Identity Number:** \_\_\_\_\_

**Relationship to child:** \_\_\_\_\_

**Contact telephone numbers:** \_\_\_\_\_ **(cell)**

\_\_\_\_\_ **(H)** \_\_\_\_\_ **(W)**



**To be completed by learner :**

Name of learner: \_\_\_\_\_

Grade : \_\_\_\_\_

I have read and understand the guidelines as applicable to the Heritage Academy Boarding Establishment. I understand that should I contravene any of the guidelines, I am liable for disciplinary action against me. I further understand that serious or continuous contravention can lead to suspension or even expulsion from the Boarding Establishment.

\_\_\_\_\_  
Signature of learner

\_\_\_\_\_  
Date