

MARYVALE COLLEGE

Independent Catholic Day School
PO Box 51698, Raedene, Johannesburg 2124
www.maryvalecollege.co.za

Pre-Primary and Primary School

Principal: Mrs K Smith
Cnr Louis Botha Ave and Cheltondale Rd.
Orchards, Johannesburg 2192
Tel: (011) 485 1210/13
Fax: 086 457 1441
admin@maryvalecollege.co.za
Email: primaryadmin@maryvalecollege.co.za



High School

Acting Principal: Mr M Ally
10 St. Mary's Rd.
Maryvale, Johannesburg, 2192
Tel: (011) 640 3061/9
Email:

INDEMNITY FORM

I _____ (full name)

The parent and/ guardian of _____
(full name of pupil) hereby:

1. Consent to the pupil participating in all school activities and extracurricular activities with the full knowledge and appreciation of the inherent risks associated with such activities.
2. Except where the provisions in Section 103 of the School Education Act, 1995 (Gauteng Act No 8 of 1995) apply, waive any and all claims that I may have against the school, its employees or agents on any ground whatsoever including in particular, but without limiting the generality thereof, any claim based on the negligent act or omission, the school would otherwise be liable.
3. Agree that should Section 103 of the School Education Act, 1995 be repealed or amended, this waiver will automatically be extended to the field of liability dealt with in that section.
4. Indemnify the school, its employees and agents against any claim which they may make, which may be made on behalf of the pupil, against the school, its employees or agents on any ground whatsoever including, in particular, but without limiting the generality thereof, any claim based on the negligent act or omission of the school, its employees or agents, or any person or persons for whose negligence the school would otherwise be liable.
5. Authorise the Head or member of staff under whose care the pupil is at the time, to act in my place as parent/guardian with full authority to consent to the pupil undergoing any surgical or other medical treatment should this be or become necessary while at school or during school activities or extracurricular activities and should it not be reasonably possible to obtain my consent timeously. I acknowledge that I will be responsible for the payment of medical, hospital or associated accounts which may be incurred by the school in so doing.
6. Declare that the pupil is in good health. However, the person who is responsible should note the following:

(Please state aspects that the school should be aware of, e.g. allergies, tendencies towards abnormal bleeding, epilepsy, special medication and the like)

SIGNED: _____ DATE: _____

Please turn over for 'Undertaking by Parent / Guardian'



UNDERTAKING BY PARENT/GUARDIAN

1. I hereby certify that I have legal custody and/or guardianship of

2. I understand and confirm that in the event of my application for enrolment of my child/ward at Maryvale College ("The School") being successful, The School Principal or any person duly authorised by him/her, is hereby fully authorised to act in ***loco parentis*** in any matter and at any time during which I shall have entrusted my child/ward to the care of The School.
3. **NEW PUPILS:** I understand that acceptance of my child/ward by The School is conditional upon my paying a non-refundable development levy (10% of annual fees). I undertake to pay The School fees, as decided annually by the Board of Governors, as follows: the deposit on registration of new pupils and for every year for the duration of The Schooling thereafter a deposit to secure placement, which at this time will be allocated towards fees. Fees will be paid **IN ADVANCE** in twelve monthly instalments by the seventh of each month, from January to December. (January fee to be paid by the **7th of January**)
 - **EXISTING PUPILS:** I undertake to pay The School fees, as decided annually by the Board of Governors, as follows for every year for the duration of the Schooling thereafter a deposit to secure placement for the following school year which will be allocated towards fees . Fees will be paid **IN ADVANCE** in twelve monthly instalments by the seventh of each month, from January to December. (January fee to be paid by **the 7th of January**)
4. The School will be entitled to charge interest at a rate of 2% above the prime interest rate charged by The School's bank (Standard Bank of SA) on all overdue accounts.
5. **I undertake to give three months' notice in writing of any intention to remove my child/ward from The School or on default thereof to pay three months' fees in lieu of notice.**
6. I undertake to pay the supplier directly for repairs to any damage to School Property caused by my child/ward.
7. I undertake to remove my child/ward from The School on request of the Principal in the event of any school fees being in arrears for more than one month.
8. I understand that while reasonable efforts will be made to prevent losses or damage to a pupil's clothing or equipment, The School cannot accept liability for such and parents/guardians are advised to insure themselves against any such loss.
9. I understand and accept that should my child/ward conduct himself/herself in a manner which in the opinion of the Principal is detrimental to the welfare of any other pupil/s or to the standing and good name of The School, I shall on request of the Principal effect the immediate withdrawal of my child/ward from The School.
10. I shall accept the decision of the Principal in all matters relating to The School organisation and discipline and such decision shall be final. These matters shall include attendance at, and participation in, School activities, religious practices and functions; dress codes, the conduct of pupils generally and punishment in accordance with the Code of Conduct of Maryvale College.
11. I, Parent/Guardian of: _____ hereby agree that, should my account be handed over for collection, I will be liable for all collection costs, including commission, administrative charges, legal fees and VAT, of any nature whatsoever.
12. I have read and agreed to above Terms and Conditions upon enrolment of my child/ward at Maryvale College.

FULL NAME OF PARENT/S/GUARDIAN

MR: _____ ID: _____

SIGNATURE: _____ DATE: _____

MRS/MS: _____ ID: _____

