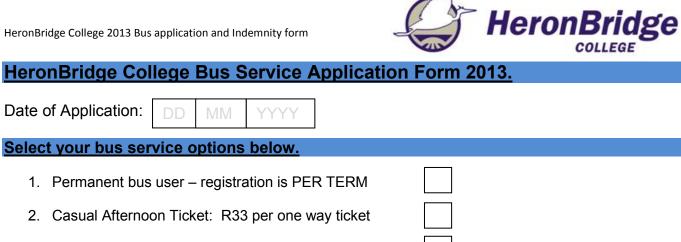
HeronBridge College 2013 Bus application and Indemnity form

A



| 1. Permanent bus user – registrar | |
|-----------------------------------|--|
| 2. Casual Afternoon Ticket: R33 | per one way ticket |
| 3. Exam Bus | |
| 4. Book of 10 AFTERNOON ONL | .Y Tickets: R300 |
| 5. HeronBridge Staff | |
| Surname: | *Date to Start Service DD MM YYYY (required info) |
| First Name: 1: | Grade (2013): |
| First Name: 2: | Grade (2013): |
| First Name: 3: | Grade (2013): |
| Please indicate below how you w | vish to use the bus service: (tick and write applicable bus stops) |
| Morning only Afternoo | n only Both Morning and Afternoon |
| Morning bus stop: | Afternoon bus stop: |
| Contact Details | |
| Mother's Name: | |
| Cellphone: | Work phone: |
| Email address: | |
| Home phone: | |
| Father's Name: | Work phone: |
| Cell phone: | |
| E-mail address: | |
| Residential Address: | |
| | Code: |
| Postal Address: | |
| | Code: |

BUS SERVICE INDEMNITY FORM

THE INDEMNITY FORM MUST BE SIGNED BEFORE THE APPLICATION CAN BE PROCESSED. PLEASE RETURN ANY FORMS TO THE COLLEGE OFFICE.

HeronBridge

| FULL NAME OF PU | PIL/S: | | | | | | | | | |
|--|-----------|----|-----|----|------------------------|------|----|----|------|--|
| DATES OF BIRTH: | DD | MM | YYY | DD | $\mathbb{M}\mathbb{M}$ | YYYY | DD | MM | YYYY | |
| The following information is required in the event of your child needing medical assistance: | | | | | | | | | | |
| Does your child have any allergies or chronic illness? YES NO | | | | | | | | | | |
| If YES, please give details: | | | | | | | | | | |
| Do you belong to a medical aid scheme? YES NO | | | | | | | | | | |
| Name of medical aid | I scheme: | : | | | | | | | | |
| Membership number | r: | | | | | | | | | |
| DECLADATION, TO | | | | | | | | | | |

I, ______ in my capacity as parent/guardian of the child/ren listed above, request that a bus ticket be issued to my child/ren for 2013, and request that my school account be debited accordingly. I undertake to give the College a term's notice should I wish to cancel this service, failing which, the billing will continue for the following term.

I hereby indemnify and absolve HeronBridge College from any responsibility regarding loss of or damage to any property or any injury to the said pupil/s from the time he/she leaves home for the bus trip until he/she returns home.

I acknowledge that the College expects all children to behave appropriately on the bus and should my child behave inappropriately, the following action will be taken:

- I. Misdemeanour 1: A verbal warning will be given from the appropriate Head.
- II. Misdemeanour 2: A written warning will be given from the appropriate Head which must be signed by the parent and returned to the school.
- III. Misdemeanour 3: The pupil will be removed from the bus for the remainder of the term and for the following term. Fees will not be refunded for the remainder of that term.

I hereby designate the Head of the College / Preparatory school or anyone appointed by him to act in loco parentis on my behalf, and, should it be necessary, to procure medical or other assistance on my behalf and at my expense.

 \Box I have read and understood the bus rules and have educated my child/ren appropriately.

| Full Name of Pa | arent | t/Gu | ardia | an: _ | | | | | | | |
|-----------------|-------|------|-------|-------|------|------|------|------|------|------|--|
| ID Number: | | | | | | | | | | | |
| Signature of Pa | rent/ | /Gua | ardia | n: | | | | | | | |