

PERSON RESPONSIBLE FOR PAYMENT

Full name: _____

ID/Passport number: _____ Relationship to child: _____

Residential Address (as per the proof of address attached): _____

<p>Telephone:</p> <p>Home: _____</p> <p>Work: _____</p> <p>Mobile: _____</p> <p>Alternative: _____</p>	<p>Email:</p> <p>Home: _____</p> <p>Work: _____</p> <p>Alternative: _____</p>
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OPTION OF PAYMENT

Tuition: Option 1: Annually Option 2: Monthly - via debit order only

Boarding: Option 1: Annually Option 2: Termly

Signature of Fee Payer: _____

PLEASE NOTE: SIGNING THE ABOVE ALLOWS BISHOP BAVIN SCHOOL TO CONDUCT A BUREAUX CREDIT CHECK

DEBIT ORDER FORM

Name of bank: _____ Account type: _____

Branch name: _____

Branch code:

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 Account number:

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I hereby authorize Bishop Bavin School to deduct the monthly tuition fees as per the current year's fee schedule from the above account. I understand that Bishop Bavin School has the right to add charges for every returned or unpaid debit order. The above account will be debited on the: 20th 25th 1st day of the month.

Signature: _____

CREDIT CARD

Credit card number:

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 CVV No:

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 (last 3 digits on back of card)

Expiry date:

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 Signature _____

For office use only - Financial terms and condition of acceptance.

Signature: _____ Date: _____

INDEMNITY Please read and sign the Indemnity

1. I/We hereby waive all rights of action I may have, and hold harmless the Diocese of Johannesburg of the Anglican Church of the Province of Southern Africa, the Chairman and Board of Governors of the School, the Executive Head and the Staff, or their authorised agents or representatives, against any and all claims, howsoever arising, whether claimable by me/us or by the pupil or any third party, arising out of the injury, death, loss, legal costs, suffered as a result of or during the enrolment of the pupil at the School.
2. I/We hereby nominate, constitute, and appoint Bishop Bavin School to act in loco parentis to the pupil and to exercise over the pupil's actions full authority and control.
3. I/We also authorise the Executive Head or his duly authorised representative to have any urgent medical treatment administered to the pupil and I accept full liability for any expenses so incurred.

CONDITIONS OF ENROLMENT Please read and sign the following terms and conditions

1. Application: I/We understand the School Board reserves the right to refuse an application and is not required to give any reason for such refusal.
2. Assessment Process: I/We understand that admittance to Bishop Bavin School is subject to passing the assessment process.
3. Non-payment will result in your child not being admitted to the School: I/We agree to the conditions ruling in your institution whereby, should a position be offered to my/our child, a non-refundable placement fee is payable. (Please note this does not form part of the school fees, and we require a full term's written notice should your child leave Bishop Bavin. I/We acknowledge that the School reserves the right to increase its fees from time as the School sees fit. I/We also agree that I/we am/are jointly and severally liable to pay all school fees and related charges in respect of this pupil's enrolment, and hereby warrant in my/our personal capacities that I/we can afford the School fees and have financial means to do so. To this end, I/we bind ourselves as sureties for all amounts that may become due regarding our child's schooling.
4. School and discipline: I/We understand that my/our child will conform to the Policy and all relevant codes of the School and agree to the terms of the indemnity to my/our child and the School. I/We also agree to accept and abide by the rules laid down by the Executive Head pertaining to uniform regulations, discipline and any other areas of School Policy. I/We understand that Bishop Bavin is an Anglican part of the Diocese of Johannesburg, where the School's motto is '*Christus Supra Omnes*'.

I/We, _____ Full name of Parent or Guardian

being the Parent(s)/Legal Guardian(s) of _____ Full name of child

have read and understood the above **Indemnity** as well as the **terms and conditions** for admittance to Bishop Bavin School.

Signed _____ Father/Guardian this ____ day of ____ in the year of _____ Mother/ Guardian

at _____ Father/Guardian Witness 1 _____ Mother/ Guardian Witness 2 _____