REDDFORD HOUSE
THE HILLS RESIDENCE
If there are any special circumstances involving the applicant (e.g. ill health, physical disability, food and other allergies, known learning problems, other handicaps or disabilities) please describe these briefly and send relevant reports with the application:

Family Doctor Name:

Family Doctor Contact Details:

Emergency After-hours Contact:

Please provide a copy of your medical aid card with your application.
Please furnish the names, addresses and telephone numbers of two emergency contacts: (Not family members)

**FAMILY DATA**

**PARENT 1:**
Surname:
Name:
ID/Passport No:
Residential address:
Postal address:  
Code:  Tel:  
Telephone:  Home:  code  Office:  code  Cell:  code  Alternative:  
E-mail:*  
Occupation:  
Business name:  
Type of Business:  
Business address:  
Code:  

*An updated and accurate email address is imperative for effective e-communication. Please do not include an email address that should not be used for communications from the school.*
The following people have permission to visit the student and / or collect them from the Residence. (Please provide a recent photograph):

<table>
<thead>
<tr>
<th>Person 1:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Name:</td>
<td></td>
</tr>
<tr>
<td>ID number:</td>
<td></td>
</tr>
<tr>
<td>Tel number:</td>
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</tbody>
</table>
If yes, please ensure that clear instructions have been given to the boarding head in writing at least 48 hours in advance, and ensure an email is received confirming arrangements.

**PARTICULARS OF SIBLINGS**

Name of sibling:  
Present School:  Present Grade:  Year Boarding at Reddford House:  

Name of sibling:  
Present School:  Present Grade:  Year Boarding at Reddford House:  

Name of sibling:  
Present School:  Present Grade:  Year Boarding at Reddford House:  

Name of sibling:  
Present School:  Present Grade:  Year Boarding at Reddford House:  

**ACCEPTANCE OF CONDITIONS:**

All conditions of Entry and Attendance for Reddford House as agree to during the Annual Review apply to Boarding as well.

**ACCEPTANCE OF LIABILITY FOR PAYMENT OF FEES:**

I/we hereby undertake to make payment in respect of any amounts due under these Conditions:

<table>
<thead>
<tr>
<th>SIGNATURE (School)</th>
<th>dd/mm/year</th>
</tr>
</thead>
<tbody>
<tr>
<td>SIGNATURE (Student)</td>
<td>dd/mm/year</td>
</tr>
<tr>
<td>SIGNATURE (Legal Guardian)</td>
<td>dd/mm/year</td>
</tr>
</tbody>
</table>

**PLEASE NOTE:**

Parents will be liable, and billed, for any breakages caused by the student.