



Stanford Lake College

OPEN WEEKEND FORM 2025

This form will be kept by the school nurse and will be shared, where necessary, with those who will be responsible for the health and care of your child while attending the Open Weekend. Please complete this form as fully as possible. **This is a fillable PDF Form, you can complete this on your computer, no need to print this document to be filled in.**

STUDENT

<input type="text"/>	<input type="text"/>	<input type="checkbox"/> 7	<input type="checkbox"/> 6	
Name	Surname	Grade (tick correct one)		
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> M	<input type="checkbox"/> F	
Preferred Name	Date of Birth	Gender (tick correct one)		
<input type="text"/>	<input type="text"/>			
Current School Name	Name of Friend (ATTENDING OPEN WEEKEND - ONLY IF APPLICABLE) FOR ROOM SHARE ALLOCATIONS			
SHIRT SIZE	<input type="checkbox"/> 11 -12	<input type="checkbox"/> 13 -14	<input type="checkbox"/> Adult S	<input type="checkbox"/> Adult M
	(tick correct one)			
	Is your child a <u>CONFIDENT</u> swimmer?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
		(tick correct one)		

EMERGENCY CONTACT

1. PARENT/ GUARDIAN

<input type="text"/>	<input type="text"/>
Name & Surname	Cellphone Number
<input type="text"/>	
Physical Address	
<input type="text"/>	
Email Address	

2. PARENT/ GUARDIAN

<input type="text"/>	<input type="text"/>
Name & Surname	Cellphone Number
<input type="text"/>	
Physical Address (If the same as above, leave incomplete)	
<input type="text"/>	
Email Address	

ANOTHER CONTACT (IN THE EVENT THAT PARENT(S) CANNOT BE CONTACTED)

<input type="text"/>	
Name & Surname	
<input type="text"/>	<input type="text"/>
Contact Number	Relationship

NO. OF ADULTS

NO. OF CHILDREN

Please indicate additional number of family members attending the Open Weekend (FOR CAMPUS TOUR LOGISTICS)

SIBLINGS (ONLY IF APPLICABLE)

Name & Surname	School	Grade/Year Matriculated
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

STUDENT'S MEDICAL HISTORY*Please tick if applicable and fill in accordingly*

ASTHMA Induced by:
Normal Peak Flow:
Medication:
Hospitalized in the last two years: Y N

EPILEPSY Type:
Medication:

DIABETES Diet:
Medication:

ALLERGIES To what:
Treatment/Medication:

HAYFEVER Induced by:
Treatment/Medication:

MIGRAINES Frequency:
Warning signs:
Treatment/Medication:

PERIOD PAINS Treatment/Medication:

TONSILS REMOVED Date: **APPENDIX REMOVED** Date:

SKELETO-MUSCULAR PROBLEMS:

(e.g. scoliosis, growing pains, weak ankles or knees, previous strains, sprains or broken bones.) Give details:

SPECIAL NEEDS:

(e.g. any condition or disability which may affect a student’s participation in school activities or sport.)

DETAILS OF HOSPITAL AND MEDICAL COVER

Health Insurance Provider:

Policy/Membership Number:

ACCIDENT DECLARATION

In the event of illness or injury to my child whilst at the school, I authorize the Principal of Stanford Lake College or a senior staff member, where it is impractical to communicate with me first, to consent to emergency medical procedures deemed necessary by a qualified medical practitioner.

WE ACCEPT THE TERMS OF THE ACCIDENT DECLARATION

MEDIA RELEASE

I agree and consent to have photographs and/or videos taken of my child during his/her visit to Stanford Lake College on 14 - 15 March 2025, for publicity including, but not limited to brochure, website, marketing material and publication in the media.

I disagree and do not consent to have photographs and/or videos taken of my child during his/her visit to Stanford Lake College on 14 - 15 March 2025, for publicity including, but not limited to brochure, website, marketing material and publication in the media. You accept that it is the child’s responsibility to exclude themselves from photographs and make it known that they do not wish to be photographed.

I ACCEPT THAT ALL INFORMATION PROVIDED HAS BEEN READ, UNDERSTOOD AND COMPLETED TO MY BEST KNOWLEDGE

SIGNATURE OF PARENT / GUARDIAN

OR PRINT NAME & SURNAME

DATE

PLEASE MAKE R415.00 NON-REFUNDABLE PAYMENT PER CHILD IN THE FOLLOWING ACCOUNT TO

CONFIRM *This payment secures your child’s place to attend the Open Weekend.*

Banking details:

Name: Stanford College | Bank: FNB | Branch Code: 260 349 | Account no: 53961097905
Reference: O/W Child’s Name & Surname

Please send proof of payment and this document to admissions@slc.co.za



Stanford Lake College

CONSENT TO ACT IN LOCO PARENTIS AND INDEMNITY

I the undersigned (full names) being
 the parent/lawful guardian of (full names of student)

do hereby authorize and appoint the Head and teachers of STANFORD LAKE COLLEGE, MAGOEBASKLOOF (the "College") whilst the said scholar is under their control and supervision, to take any decision and/or perform any act, which he/she may deem necessary for the safety, well-being and welfare of the said scholar and generally, in regard thereto, to act in loco parentis during the Stanford Lake College Open Weekend 14 - 15 March 2025.

All possible care is taken of each pupil's safety, health and general welfare. Safety regulations are applied and supervision provided where reasonable, but it is understood that parents, in sending their child to the Open Weekend at Stanford Lake College, wish to encourage a spirit of adventure and independence. Consequently, there is bound to remain a residual risk of personal accident and the School cannot acknowledge liability for accident or injury to a pupil.

I do further hereby indemnify and hold free from harm the College, its officers, teachers and employees and waive any claim against them for loss, injury or damage caused by or arising from or as a result of the attendance at or participation in any intra-or extramural activity of the College by the above named scholar.

At Stanford Lake College these include traditional sports, excursions, swimming, hiking, rock climbing, abseiling, rafting, kayaking, canoeing and other adventure activities.

I declare that he/she shall be allowed to travel in any school vehicle and in vehicles, which may be the property of staff, employees and parents of the school, should it be necessary.

I wish my child, to be **excluded** from taking part in:

(please specify here the activity or activities from which he / she is to be excluded)

I GIVE CONSENT TO ACT IN LOCO PARENTIS AND INDEMNITY OF MY CHILD

SIGNATURE OF PARENT / GUARDIAN 1
 OR PRINT NAME & SURNAME

SIGNATURE OF PARENT / GUARDIAN 2
 OR PRINT NAME & SURNAME

DATE

