



St Patrick's CBC, Edmund Rice House

Pupil Information Form 2018

To be completed by all boarders and returned to school in January 2018

PERSONAL INFORMATION: PUPIL

Surname:	
Name(s):	
Gender:	
Date of birth:	
Residential address:	
Home tel number:	
Email address:	

PERSONAL INFORMATION: FATHER / GUARDIAN

Surname:	
Name(s):	
ID / Passport number:	
Business address:	
Business Tel No:	
Email address:	

PERSONAL INFORMATION: MOTHER / GUARDIAN

Surname:	
Name(s):	
ID / passport number:	
Business address:	
Business Tel No:	
Email address:	

MEDICAL INFORMATION:

Please send medical aid card (or copy thereof) with your child (if applicable)

House doctor's name:	
House doctor's tel no:	
Name of medical aid:	
Number of medical aid:	
In whose name is medical aid?	
Address of medical aid:	
Tel No of medical aid:	

Has your child suffered from any serious illness?		YES	NO
If yes,	What?		
	When?		
	Prescribed medicine?		

Do your child suffer from any allergies?		YES	NO
If yes,	What?		
	Prescribed medicine?		

Does your child have any medical condition?		YES	NO
If yes,	What?		
	Prescribed medicine?		

Is your child receiving medication at the moment?		YES	NO
If yes,	Why?		
	What medication?		

Is there any hereditary problem which may affect your child?		YES	NO
If yes,	What?		
	Prescribed medicine?		

Has your child had a full program of immunization?		YES	NO
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MEDICAL PROCEDURE:

R1500,00 in cash is payable in advance on your child's first day at the Boarding House. This will be kept at the Finance office. This money should cover the doctors' initial consultation fees (when needed) as well as the necessary medication should he/she not be on medical aid (or if the medical aid is inactive at the time of the doctor's visit). This amount should immediately be topped-up if used. If never utilized, this amount is refundable at the end of the pupil's stay.

When your child is sick at school, Nurse Möller is called. She works at the school. She assesses the situation and makes the necessary doctor's appointments. The Boarding House staff member on duty will keep you updated about the situation.

If you would rather your child went to a specific doctor in Kimberley, please enter full details below:

Name:	
Address:	
Tel No:	

EMERGENCY CONTACT PERSON

Who must we contact in case of an emergency and we cannot get hold of you?

(1)

Surname:	
Name(s):	
Relation to pupil?	
Date of birth:	
Residential address:	
Home tel number:	
Email address:	

(2)

Surname:	
Name(s):	
Relation to pupil?	
Date of birth:	
Residential address:	
Home tel number:	
Email address:	

VISITORS IN KIMBERLEY

Which family members or close personal friends can we expect to come and visit your child here at the hostel?

(1)

Surname:	
Name(s):	
Relation to pupil?	
Date of birth:	
Residential address:	
Home tel number:	
Email address:	

(2)

Surname:	
Name(s):	
Relation to pupil?	
Date of birth:	
Residential address:	
Home tel number:	
Email address:	

TRANSPORT IN KIMBERLEY

To whom do you give permission to transport your child to and from the hostel (other than St Patrick's CBC staff)?

(1)

Surname:	
Name(s):	
Relation to child?	
Cell number:	

(2)

Surname:	
Name(s):	
Relation to child?	
Cell number:	

(3)

Surname:	
Name(s):	
Relation to child?	
Cell number:	

I hereby certify that all information given above is correct.

Signed: Date:

Name of parent (please print):