



Acceptance of Place

Please complete this form in duplicate so that both you and the school will have a copy.

In the event that you do not accept these conditions the offer of a place will be withdrawn.

FULL NAME OF CHILD _____

I, (full name of parent/guardian) _____ hereby accept a place at Rapale International School for the above mentioned child, commencing this month _____ this year _____ and having read the Statement of Faith hereby acknowledge and agree:

1. To ensure that my child/ward abides by the school Christian ethos and agree that he/she will not be exempt from anything pertaining to this.
2. To assist the school in ensuring that my child abides by the school rules and regulations. Disciplinary action will be taken in consultation with parents where serious breaches of the rules occur.
3. That the medium of instruction in the school is English.
4. To pay a deposit of Mt 20 000 prior to entry. The deposit will only be refundable if the necessary notice period is given. (See 6 below)
5. To pay school fees promptly and completely prior to the start of each school term. Consistent failure to do so may result in a child's exclusion from lessons or a termination of contract.
6. To submit written notice of withdrawal from the school preferably one term in advance and no less than 30 days prior to the child's last day of school. This means that notice must be given in writing 30 days before the final day of the school term or departure.
7. Should any school property, textbooks and equipment be damaged by my child, I will be held responsible for the replacement cost thereof.
8. That the general health and well being of my child is a parental responsibility but should a crisis arise at school, the staff are authorized to act in loco parentis if a specific authority cannot be reasonably sought in time.
9. The School does not take responsibility for any theft, loss, damage or destruction to any property of whatever nature brought to school by my child.
10. To ensure that my child has all the required stationery, uniform and other school equipment at hand all the time.
11. To notify the school regarding any change in the person/s responsible for the well being and fee payments of my child.
12. To support my child and the school staff by attending major events and contributing where I am able.
13. That Rapale International School reserves the right to terminate contract of enrolment should we violate provision/s of this contract.
14. All the above are subject to the laws of the Republic of Mozambique.

Date: _____ Signature: _____ (Parent/s or guardian)

Signature of Director: _____



Statement of Faith

1. We believe that the Bible is inspired and inerrant, that all 66 books of the Old and New Testament are God's complete written revelation to mankind, the only infallible authority in all matters of faith and practice.
2. We believe in one triune God, eternally existent in three Persons: Father, Son, and Holy Spirit, the same in substance and equal in power and glory.
3. We believe in the complete humanity and deity of our Lord Jesus Christ, in His virgin birth, sinless life, miracles, vicarious and atoning death through His shed blood on the cross, bodily resurrection, ascension to the right hand of the Father, and future personal return in power and glory.
4. We believe that the Holy Spirit indwells and empowers all believers and enables them to live a godly life.
5. We believe that through Adam's sin all have inherited a sinful nature and therefore all choose to sin. All are thus sinners and deserving of death.
6. We believe that salvation of lost and sinful man is only by the grace of God through personal faith in the Lord Jesus Christ alone, accomplished through the regeneration by the Holy Spirit.
7. We believe that our sins block our fellowship with God. As we confess those sins, God forgives us and our fellowship is restored.
8. We believe in the resurrection of the body, the judgment of the world by our Lord Jesus Christ, the eternal blessedness of the saved, and the eternal punishment of the lost.
9. We believe that saving faith in Jesus Christ unites all Christians as members of the body of Christ. Such a position brings both privileges and responsibilities before God and toward one another in the Christian life.

I _____ understand that my child will be taught in accordance with the above Statement of Faith.

Signed: _____ (Parent/s or guardian)

Witnessed: _____ (Director: Rapale International School)



Indemnity Form

I, the undersigned _____ I.D./Passport No. _____

hereinafter referred to as the indemnitor, in my capacity as the lawful guardian of the minor child

_____ (insert full name of child)

Passport/I.D No. _____ born _____, understand that even though every effort is made to provide a safe environment accidents may and do happen. In the event of any such accident whether minor or life threatening, even should a life be lost, I will not hold the school officials liable.

This serves to indemnify the school and its Board of Governors, officers, director, staff, contractors, employees, volunteers, agents and parents providing services against all claims, costs, charges or expenses incurred at any time as a result of any damage, loss or injury of any description whatsoever and howsoever incurred which may be suffered by said child including any consequential loss while participating in any school activity.

School activities refer to classroom activities, the use of school playground equipment, travelling to and from Rapale International School, sporting activities whether at school or elsewhere at other schools, social or educational excursions organized and arranged by the school collectively.

In addition, should you the parent/guardian be unreachable in the event of the child suffering in any way while attending the school or participating in any school activity of any kind where action is urgently required in the best interests of the child, the presiding designated agent/staff member of the school at the time is hereby authorised to act in loco parentis. This includes securing any medical treatment for and immediate hospitalisation of the child, if so required. *(Any prior medical conditions need to be recorded on attached document)* Medical aid costs will be reimbursed by us the parents/guardians in the event that the school was unable to contact us prior to making any payments for treatment.

In recognition of the above, I do hereby waive and release on behalf of myself, my heirs, personal representative and assigns, any and all claims I might have or otherwise wish to bring against Rapale International School, resulting from my child's participation in activities through Rapale International School I do further agree on behalf of myself, my heirs, personal representative and assigns that I will indemnify without limitation and hold harmless Rapale International School or its officers, directors, employees, agents, volunteers, successors or assigns, from any and all claims, judgment, liabilities, costs or litigation defence.

I am freely and voluntarily signing this Agreement and intend that my signature be the complete and unconditional release of all liability to the greatest extent allowed by law.

Signed by Indemnitor : _____ this _____ day of _____ 20 ____.

Witness Name: _____

ID/Passport No: _____

Signature: _____

Agreed to and signed on behalf of the school:

Name: _____ Signature: _____

Capacity in which signing: _____



EMERGENCY MEDICAL INFORMATION

SPECIFIC TO HOSPITALISATION

PLEASE GIVE AS MUCH DETAIL AS POSSIBLE.

PUPILS FULL NAME: MALE/FEMALE

NATIONALITY: RELIGION: DATE OF BIRTH:

ALLERGIC: TO : PENICILLIN: Y/N CORTIZONE: Y/N SULPHUR: Y/N

OTHER ALLERGIES/ DISABILITIES OR CONDITIONS (HISTORY) FROM WHICH PUPIL SUFFERS:

.....
.....
.....

ANY MEDICATION WHICH MAY **NOT** BE TAKEN

MEDICINES TAKEN REGULARLY

SPECIFIC DOSAGE

LOCAL FAMILY DOCTOR

STREET ADDRESS OF CLINIC OR CONSULTING ROOMS.

TELEPHONE NUMBER/S:

MEDICAL INSURANCE DETAILS

DETAILS OF PRIMARY BENIFICIARY

FULL NAME:

REFERENCE NUMBERS/CONTACT DETAILS AND PROCEDURES:

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OCCUPATION: EMPLOYER

EMPLOYERS CONTACT DETAILS.PHONE:..... E MAIL.....

IS YOUR CHILD LINKED TO A SOS EMERGENCY CENTRE IN SOUTH AFRICA? YES / NO

IF SO, PLEASE GIVE DETAILS:

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PERSON RESPONSIBLE FOR HOSPITAL FEES

FULL NAME ID/PASSPORT NO.

PHONE NUMBER: RELATIONSHIP TO PUPIL

ADDRESS:

NEXT OF KINS DETAILS

FATHER'S NAME..... MOBILE PHONE NO.....

MOTHER'S NAME MOBILE PHONE NO.

RESIDENTIAL ADDRESS

OTHER PHONE NUMBERS:

ALTERNATE LOCAL CONTACT IF PARENTS/GUARDIANS ARE UNREACHABLE.

FULL NAME:

RELATIONSHIP TO PUPIL

RESIDENTIAL ADDRESS

CONTACT NUMBERS.