

Blantyre Baptist Academy

APPLICATION FOR BOARDING

Intended start date:		Class/Form at time of Entry to Boarding:	
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Applicants details

Applicant's Surname		First Name	
Date of Birth		Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female

Parent/Guardian details

Name of Parent/s or Guardian		Title: Mr/Mrs/Miss/Ms	
Relationship to Applicant			
Address			
Parent/Guardian email			
Parent Telephone Numbers	Home		Mobile
Applicant's address if different			

Why are you applying for a place in boarding for your child/ward and what do you hope they'll gain from it?

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Has your child

	Been in boarding before?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Any challenges prone to health problem?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Ever suffered from bedwetting?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Any special dietary requirements?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Other concerns?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Are there any circumstances in the family, past or present, which might affect your child's emotional well-being, such as illness, bereavement or parental separation?

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Consent to Administer First Aid

1. I agree to my son or daughter receiving First Aid by the qualified first aiders and nursing staff employed by the school.
2. I undertake to inform the School of any changes in my son or daughter’s medical circumstances;
3. **I confirm that my son or daughter is registered with a recognized medical aid scheme in Malawi and accept that I am liable for all costs incurred in relation to medical expenses for my son or daughter;**
4. I allow photos taken in school or on school trips to be used for school purposes including the newsletter, website and school publicity (If you cannot agree with this, please write a letter to the Principal explaining your reasons to be submitted with this application).

Permission to act ‘in a Parental Capacity’

While my child/children is in the care of Blantyre Baptist Academy and staff who are engaged by the school to care for my child/children, I give any such adult permission to make decisions for and on my behalf in order to preserve the health and well-being of my child. I understand that whilst the school will make every effort to contact me in the instance of such an emergency, that decisions may need to be taken in my absence if I cannot be contacted. I authorize the school and its agents to take any such decisions necessary to ensure the safety and well-being of my son or daughter. I also give my child permission to take part in all boarding activities including those taking place off site.

It is recommended for Boarders to have a Medical Cover Scheme, please give details below:

Name of Medical Aid: _____ Scheme: _____
 Identity Number: _____ Preferred hospital in Blantyre: _____
 Doctors’ name: _____ Telephone number: _____

Exeat – Formal permission to be picked/released from boarding for various reasons in the absence of the Parent (e.g. sicknesses, holidays etc.)

Please detail the name, relationship to student, and contact details of all persons for whom you grant permission to sign out your child for exeat. Additions can be made by contacting the School administration.

Host name	Relationship to student	Contact details
1.		
2.		
3.		
4.		
5.		
6.		

The information given is correct to the best of my knowledge. I recognize that the school has a Duty of Care to my child and to other children at the school. With this Duty of Care in mind, I have provided all relevant information to enable the school to make an informed decision in response to this application.

Signature	Print name	Date
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PLEASE RETURN THIS APPLICATION WITH ONE PASSPORT PHOTO ATTACHED TO THE ADMINISTRATIVE ASSISTANT AT THE SCHOOL’S RECEPTION

Principal’s comment: _____

Signature: _____

Date: _____