

2nd Avenue, Summerstrand,
Port Elizabeth 6001
Telephone: 041-583 3287, Email:
info@beachwood.co.za



INDEMNITY FORM

I hereby give consent for my child _____
to take part in any aftercare activities and do understand that every possible
precaution will be taken to ensure the safety of my child.

I hereby indemnify Beachwood Pre-Primary School and the Aftercare staff
from any claim which may arise in case of an accident.

SIGNATURE OF PARENT/GUARDIAN: _____

DATE: _____



PLEASE SIGN AND RETURN TO THE OFFICE WITH A COPY OF THE ID OF THE PERSON RESPONSIBLE FOR PAYING THE FEES – 2025

I, _____ parent / guardian
(Please print name)

of _____ Grade _____
(Please print name)

hereby confirm that I am the person responsible for payment of school fees. I have taken note of the fee structure and policy and agree to pay the fees in accordance with the said policy:

Please indicate how you wish to pay the fees: ANNUALLY
PER TERM
11 EQUAL PAYMENTS

SIGNATURE OF PARENT/GUARDIAN

DATE