



OPEN WEEKEND FORM 2026

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.

PUPIL INFORMATION

Name	Surname	Grade (tick correct one)					
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> 7	<input type="checkbox"/> 6				
Preferred Name	Date of Birth	Gender (tick correct one)					
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> M	<input type="checkbox"/> F				
Current School Name	Name of Friend (attending Open Weekend - if applicable - for room share allocations)						
<input type="text"/>	<input type="text"/>						
Shirt Size:	<input type="checkbox"/> 11 -12	<input type="checkbox"/> 13 -14	<input type="checkbox"/> Adult S	<input type="checkbox"/> Adult M	Is your child a CONFIDENT swimmer?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Dietary requirements:	<input type="checkbox"/> None	<input type="checkbox"/> Vegetarian	<input type="checkbox"/> Halaal	<input type="checkbox"/> Kosher			

EMERGENCY CONTACT

PARENT/ GUARDIAN 1

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

PARENT/ GUARDIAN 2

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

ANOTHER CONTACT (IN THE EVENT THAT PARENTS / GUARDIANS CANNOT BE CONTACTED)

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

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*

<input type="checkbox"/>	ASTHMA	Induced by: <input type="text"/>
		Normal Peak Flow: <input type="text"/>
		Medication: <input type="text"/>
		Hospitalized in the last two years: <input type="checkbox"/> Y <input type="checkbox"/> N
<input type="checkbox"/>	EPILEPSY	Type: <input type="text"/>
		Medication: <input type="text"/>
<input type="checkbox"/>	DIABETES	Diet: <input type="text"/>
		Medication: <input type="text"/>
<input type="checkbox"/>	ALLERGIES	To what: <input type="text"/>
		Treatment/Medication: <input type="text"/>
<input type="checkbox"/>	HAYFEVER	Induced by: <input type="text"/>
		Treatment/Medication: <input type="text"/>
<input type="checkbox"/>	MIGRAINES	Frequency: <input type="text"/>
		Warning signs: <input type="text"/>
		Treatment/Medication: <input type="text"/>
<input type="checkbox"/>	PERIOD PAINS	Treatment/Medication: <input type="text"/>
<input type="checkbox"/>	TONSILS REMOVED	Date: <input type="text"/>
<input type="checkbox"/>	APPENDIX REMOVED	Date: <input type="text"/>

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 Headmaster 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 13 - 14 March 2026, 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 13 - 14 March 2026, 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 R450.00 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 refer to our website for the school's Bank Confirmation Letter.

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



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 authorise and appoint Mr. Pierre Jacobs, the Head and teachers of STANFORD LAKE COLLEGE, MAGOEBASKLOOF ("the College") whilst the said pupil is/are under their control and supervision, to take any decision and/or perform any act, which he may deem necessary for the safety, well-being and welfare of the said pupil and generally, in regard thereto, to act in loco parentis.

The School will constantly endeavour to take such steps as may be reasonably required in the circumstance to do what it can to keep the pupil out of harm, and free from loss, taking into account what can be reasonably foreseen and provided for in each case. Safety regulations are applied to all the activities related to the education of the pupil but it is understood that parents, in sending their child to 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. Subject to the above, both parents jointly and severally waive their own claims and indemnify the School, its employees and agents (for whom it may be found to be vicariously liable) against any claim of the pupil in respect of the event in question.

At Stanford Lake College some of the activities that pupils are encouraged to take part in include traditional sports, excursions, tournaments, swimming, hiking, rock climbing, abseiling, rafting, kayaking, canoeing, mountain biking, camping and other adventure undertakings.

Please note that pupils will be transported to and from events and excursions using vehicles that either belong to the school, a staff member or contractors of the School.

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)

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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