



# RIVERTON ACADEMY

47 HOFMYER, BOX 1023, MASVINGO, ZIMBABWE  
+263 39 262 099; +263 776 230 265; [www.rivertonacademy.co.zw](http://www.rivertonacademy.co.zw)



## ADMISSION FORM

### PARENT DETAILS

NAME	
TITLE	<input type="checkbox"/> MR <input type="checkbox"/> MRS <input type="checkbox"/> DR <input type="checkbox"/> PROF
E-MAIL	
NATIONAL ID NUMBER	
MOBILE NO	
EMPLOYER	

### CHILD'S DETAILS

NAME IN FULL	
SEX	
ID NUMBER	
LEVEL SOUGHT & YEAR	
PREVIOUS SCHOOL	
CONTACT OF HEAD OF PREVIOUS SCHOOL	
REASON FOR TRANSFER	
MEDICAL CONDITION	

ATTACH PHOTO HERE

### NEXT OF KIN

NAME	
E-MAIL	
ID NUMBER	
MOBILE NO	

ATTACH PHOTO HERE

### DECLARATION BY PARENT

I hereby certify that the information entered above is correct and complete. I understand that false information will invalidate this application. I authorise the Academy to obtain information concerning my child's academic record from any school or other institution attended. I am aware that tuition fees will **NOT** be refunded. If I am accepted as a parent at **RIVERTON ACADEMY**, I hereby agree to abide by all the rules and regulations of the Academy.

### Parent's Signature:

I have considered this Application and I recommend that the Application be;

APPROVED

REJECTED

## STUDENT INDEMNITY FORM

**IMPORTANT:** This form should be filled by the parent/guardian before the student will be enrolled.

To: RIVERTON ACADEMY

BOX 1023

MASVINGO

TEL: +263 39 265026, 265047, 262066,

FAX: +263 39 262099

[admin@rivertonacademy.com](mailto:admin@rivertonacademy.com)

By signing this indemnity form, I \_\_\_\_\_ ("Parent") certify that I am the parent/guardian of \_\_\_\_\_, ("the student"), consent to the student attending Riverton Academy ("The Academy") and agree to the terms set out below;

This indemnity over the participation of the student in the activities to be undertaken at the Academy during his/her entire stay.

The Parent and the student jointly and severally release, indemnify and shall keep indemnified, The Academy, their offices, agents, servants, employees and/or volunteers( jointly, and severally,) in respect of any and all liability ,actions, suits, demands, claims, costs and/or losses directly or indirectly relating to, arising from , any accident, illness, injury, death, loss or damage to property or any other event occurring during, or as a direct or indirect consequence, of participation by the Student in The Academy("loss"), unless such loss is caused by the wilfulness or deliberate act of the school or one or more of its employees.

In the event of a student being involved in an accident, becoming ill or otherwise requiring medical care, The Academy and/or their offices, agents, servants and employees, may at their absolute discretion, obtain medical treatment for the student and the parent must pay all expenses incurred in obtaining such medical treatment.

### **The Parent and the Student each acknowledge:**

1. If he Student misbehaves or in the reasonable opinion of the Administrators and Directors of the Academy cause significant disruption, The Academy may remove the Student at any time, and send them home, without a fees refund and the Parent must pay all expenses incurred in sending the Student home; and

2. To indemnify and hold blameless The Academy, and its Board of Directors, its employees, agents and servants from any claims or commissions of any nature arising from and causing injury or harm to the student during the course of his/her involvement: in any school or class activity, field trip, outing, sporting function whether on the Academy or otherwise or at any time during which the minor child is in custody, care and control of Riverton Academy, its employees, agents or servants.

3. That the School Head of Riverton Academy for the time being or any person duly appointed by him shall during the course of the minor child's attendance at the school or any outing, excursion, field trip or sporting function, to be entitled to act in *loco parentis* in performance of urgent medical treatment to the said student.

4. I will give three months' notice (one school term) of my intentions to withdraw my child in writing to The Academy and in the event that I do not do so, I will pay money *in lieu* of notice to The Academy equivalent to one term's fees.

Parents should seek independent legal advice regarding the contents of this document. If they do not, The Parent and The Student will be taken to have understood their respective rights and obligations and to have agreed with and accepted them.

Signed  
Parent/Guardian

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Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Signed(Student): \_\_\_\_\_

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_