



EDENVALE HIGH SCHOOL

LINKSFIELD ROAD, EDENVALE, 1610.

☎ (011) 453-9014 • Fax (011) 453-2512 • ✉ 106, Edenvale, 1610.

E-mail: admin@edenvalehigh.co.za

EDUCATIONAL TOUR CODE OF CONDUCT

1. It is an honour to represent your school and you are expected to display exemplary behaviour at all times while on tour.
2. No bottles containing drinking liquid will be allowed to be taken on tour.
3. No pupil may purchase or consume alcohol at any time.
4. No smoking of any sort is allowed.
5. No pupil is allowed into a place of entertainment, unless accompanied by an educator.
6. All rules and regulations given by a staff member must be adhered to.
7. All school rules apply at all times while on tour.

If any pupil displays behaviour which is contrary to the above or in any way brings down the name of the school it may be necessary to have such a pupil returned home. This will be done at the parents' expense.

Please complete and return the following:
I have read and understood the above Code of Conduct.

Pupil's Name: _____

Parent's Name: _____

Pupil's Signature: _____

Parent's Signature: _____

Date: _____

EDENVALE HIGH SCHOOL - INDEMNITY FORM

1. I, (full name and surname), the
parent/guardian of
(full name, surname and ID No. of pupil) hereby give permission for him/her to
participate in extra-curricular activities at the school, play sport at school and away,
and to go on tours and educational excursions.

2. I accept that all reasonable precautions will be taken to ensure the safety and welfare
of my child and that I shall be held responsible for the payment of medical and/or
hospital accounts.

3. I cede my powers as parent/guardian to the Principal of the school or his
representative should medical treatment be deemed necessary for my child. As far as
I know he/she is physically capable of participating in the school activities and he/she
is in good health.

4. Please state any aspects of your child's medical history of which we should be aware,
e.g. allergies, tendency towards abnormal bleeding, asthma, epilepsy etc.

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5. **The following information is essential in case of medical treatment or
hospitalisation:**

Name of Medical Aid:

Membership Number:

Full Name of Main Member:

Phone No's of Main Member: W..... C.....

Residential Address of Main Member:

Postal Address of Main Member:

Name and Address of Employer:

Person Responsible for Account & Contact No's:

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6. **Complete only if you are of the opinion that you qualify for a reduced medical
tariff (hospital treatment):**

Occupation:

Gross annual income – Husband Wife

Number of dependents (including spouse)

Ages of dependents (excluding spouse)

Residential Address of parent/guardian

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Telephone: Home () Work ()

Emergency () Cell

**SIGNATURE OF PARENT/
GUARDIAN**

DATE

ID NUMBER