Please complete both sides (Section A and Section C) of this form if you would like a day pupil to stay overnight in a boarding house and return to the flexiboarding@sidcot.org.uk , giving at least five working days’ notice.

##### Section A

**To be completed by Parent/Guardian**

Please arrange for my child to be accommodated in boarding as detailed below. I accept that this will be billed at a rate per night of £48.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Pupil name: |  | Form: |  | Gender: | M / F |

Dates accommodated:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| From: |  | To: |  | Totals: |  | nights |

I have completed the medical information overleaf and consent to emergency treatment for my child.

|  |  |  |  |
| --- | --- | --- | --- |
| Signed parent: |  | Date: |  |
| Please PRINT name: |  |

|  |
| --- |
|  |

##### Section B

**To be completed by Sidcot staff**

|  |  |
| --- | --- |
| House allocated: |  |
| Application accepted: |  |
|  | Signature of Deputy Head  |
|  |  |
|  | Signature of Housemaster/Housemistress |

Copy both sides to:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1. Parent/guardian | 2. Hm | 3. Tutor | 4. Accounts | 5. Admissions | 6. Original for file |

##### Section C – Medical Information

**To be completed by parent/guardian**

To the best of my knowledge, my child is of good health. He/she is not in the care of a doctor and requires no special treatment.

|  |  |
| --- | --- |
| Is your child taking medication? | YES / NO |
| If YES, please give details: |  |
|  |
|  |
| If your child suffers from an allergy, please give details: |  |
|  |
|  |
| If your child requires any special dietary requirements, please give details: |  |
|  |
|  |
| Please provide details (name, address, telephone) of your child’s doctor: |  |
|  |
|  |
| Please provide details (name, address, telephone) of an emergency contact: |  |
|  |
|  |

I consent to any emergency/medical/surgical/dental treatment which my child may require.

To best support your child please tick if there any safeguarding concerns that the school are aware of[ ]

If there are safeguarding concerns that the school are not aware of, please tick here [ ]

Please contact safeguarding@sidcot.org.uk as soon as possible to discuss.

|  |  |  |  |
| --- | --- | --- | --- |
| Signed parent: |  | Date: |  |
| Please PRINT name: |  |