



Flexi Boarding Form

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 Director of Boarding, giving at least seven 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 £42.

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 (Boarding and Co-curriculum)

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.

Signed parent: _____ Date: _____

Please PRINT name: _____