



Cornerstone College (NPC)
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6 August 2024

Dear Parents / Guardians

CORNERSTONE COLLEGE OPEN DAY PARTY

We will be hosting an Open Day Party on Friday 30 August 2024. We would love to invite any Grades RR (going to Grade R in 2025) and R (going to Grade 1 in 2025) kids to join us. Please assist us by giving this information to any family or friends that may be interested. Our existing Grade R group will also join in on the fun for the day.

The Open Day Party will be held from 10:00am – 12:00 noon at Cornerstone College Primary School.

The programme on the day is free of charge and will be filled with lots of fun activities, popcorn, hotdogs, dance, art, face painting, etc.

Kindly ask your friends and family to contact Mrs Clark on 012 804 8350 if they are interested in joining us on the day. They will also need to complete the attached indemnity form for any child that will attend.

Yours faithfully,

MRS M VAN HELSDINGEN
PRINCIPAL: PRIMARY SCHOOL

RC

Directors
S A Hurlin (Principal)
BA BEd HED (PG)
R S Hurlin
PhD (Eng) FRAeS

CORNERSTONE COLLEGE INDEMNITY FORM

LETTER OF PERMISSION FOR MY CHILD TO ATTEND THE CORNERSTONE COLLEGE PRIMARY SCHOOL OPEN DAY PARTY

1. I, _____ (full name and surname) the parent/
guardian of _____ (full name and surname of child)
hereby give permission for my child to attend the Cornerstone College Primary School Open Day Party
arranged on:

**Friday 30 August 2024 from 10:00 to 12:00 at Cornerstone College,
530 Moreleta Street, Silverton, Pretoria.**

2. I accept that all reasonable precautions will be taken to ensure the safety and welfare of my child and that I will be responsible for the payment of medical and/or hospital expenses, where applicable, should he/she sustain an injury which cannot be ascribed to reckless, or intentional conduct on the part of the staff member responsible/in charge.
3. I delegate my powers and authority as parent/guardian to the Principal of the School or her representative should medical treatment/surgery be deemed necessary for my child. Save for the items recorded in paragraph 4, he/she is in good health as far as I know.
4. However, I wish to draw attention to the following: (Please state aspects that the staff should be aware of e.g. allergies, tendency towards abnormal bleeding, epilepsy, medication or any other aspect which should be borne in mind.)

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

5.1 Name and address of employer: _____

5.2 Name of medical aid fund: _____

5.3 Medical Aid Number: _____

5.4 Residential address of parent / guardian: _____

5.5 Telephone No: Home: _____ Work: _____

Other: _____ Cell: _____

Signature of Parent

Date

I.D. Number