

## **POLICIES SIGNATURE ONE-PAGER**

I		(Parent/Guardian Name
and Surname) and my child		
(Learner Name and Surname) hav	e read and unders	stood the following Policies which
we both agree and will adhere to as	s stipulated:	
Code of Conduct		
Drug Policy		
Indemnity Policy		
School Uniform Policy		
Payment Policy		
Parent Signature		Parent Name and Surname
Learner Signature		Learner Name and Surname
Date		

Rosewood Academy Governing Board: Dr. A. Musodza (Chairperson) M. Garde (Mr) Z. M. Kauraisa (Mr) R. van Rooi (Mr)



Tel: +264 81 808 3272

