

BLUE HILLS COLLEGE

GDE REG 133694

PRIVATE BOARDING & DAY SCHOOL | GRADE 8 - GRADE 12

INTEGRITY | COURAGE | RESPECT | DISCIPLINE | DILIGENCE



CONSENT FOR CREDIT CHECK

Name of Child: _____

I/We the undersigned, hereby authorise Blue Hills College and/or any of its associates to conduct credit inquiries and/or obtain credit reports in respect of my/our credit profile, as may be necessary, with the credit bureau of its choice.

Parent name(s): _____

ID number(s): _____

Signature of Mother / Guardian

Signature of Father / Guardian

Date

Date

Place

Place



16 VILLAGE ROAD, BLUE HILLS, MIDRAND | PO BOX 5876, HALFWAY HOUSE, 1685
TEL: 011 318 7955/7956/4882 | FAX: 011 318 2753
ADMINISTRATION@BLUEHILLSCOLLEGE.CO.ZA | WWW.BHCSCHOOLS.COM

DIRECTORS:

R. NDLOVU
082 530 1778

C. NDLOVU
076 606 0151

D. MLAUZI
072 331 8436

N.MPOFU
076 454 0971



CO REG 2004/035651/87
MEMBER OF ISASA