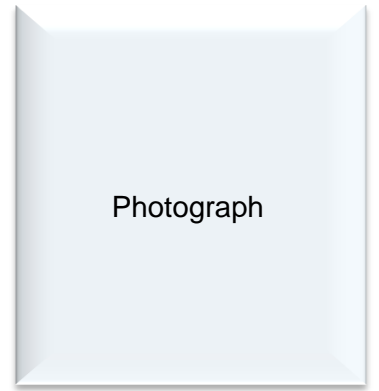




STAR COLLEGE APPLICATION FORM



Photograph

Learner Details:

First Name	Home Telephone
Middle Name	Residential Address
Surname
ID / Passport No.....
Date of Birth	Postal Address
Country of Birth
Gender	Are parents divorced or separated?
Special Needs(Please specify in detail eg. ADD or any behavioural problems)	If either, who has custody?
.....	Applicant is 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> born of children.
Allergies / Medical problems (Please specify in detail)	Does the applicant have any siblings at STAR COLLEGE?
.....	Has the student passed all standards? If not specify
Home Language	Has the student been professionally supported for any weakness in any subject? Please specify:
Whom is the applicant living with?
Present School
Applied For Grade

FOR OFFICE USE ONLY :

- Accepted / Not Accepted into Grade
- Application Fee Registration Fee Study Visa (for foreign learners only)

Parents Details (Please state if any member is deceased):

Father

Name

Occupation

Place of work (Company).....

Tel. Home Work

Cell Fax

E-mail.

I.D Number

Mother

Name

Occupation

Place of work (Company).....

Tel. Home Work

Cell Fax

E-mail.

I.D Number

Particulars of Next of Kin:

Relation to student	Tel. Home..... Work.....
Name, Surname	Cell.....Fax
Occupation	E-mail
Place of work	Postal Address

Particulars of Account Payee (If not a Parent, complete fully. If a Parent, simply state Relationship*)

*Relation to Student	Cell
Name, Surname	E-mail.....
Occupation	Physical Address
Place of work
Tel. Home.....	Postal Address
Tel. Work
Fax
I.D. Number.....	

This is my agreement that I will settle the account as follows: (a 2% penalty is added per month for outstanding amount)

In full before 31 January

10 equal monthly payments (first payment by 7 January)

Signed at

SIGNATURE : _____ DATE: ____/____/20____

Fees should be deposited in the school account with your child's **FULL NAME** and **ACCOUNT NUMBER** as the reference. (You will find this at the bottom of your first statement). This deposit should then be forwarded to the bursar on fax no. **086 - 207 83 12** or e-mail to **admin.bs@starcollegecpt.co.za**

Horizon Educational Trust
 ABSA Bank
 Claremont Branch
 Branch Code: 632005
 Account No. 9303120693
 Reference **example**: John Smith Acc. No. 111

Please keep up-to-date with your payments so as to avoid any additional penalties.

***For your assistance please check that you have attached all of the required Documentation.**

- | | |
|---|---|
| <input type="checkbox"/> Fully Completed Application Form with Photograph | <input type="checkbox"/> Clinic Card (for Primary School applications only) |
| <input type="checkbox"/> 2 x Certified Copies of Birth Certificate | <input type="checkbox"/> Pay Slip / Letter of Sponsorship |
| <input type="checkbox"/> Copy of Last School Report | <input type="checkbox"/> 3 Months Bank Statement |
| <input type="checkbox"/> Copy of Account Payees I.D. Document | <input type="checkbox"/> Proof of Residence |
| <input type="checkbox"/> Copy of Parents' I.D. Document | <input type="checkbox"/> Any report of assessments done |

Please note the if the relevant documents are not attached, your application will not be processed. Please complete the page overleaf.

Medical Information:

Family Doctor :.....	Contact Tel :.....
Allergies :.....	Prior Illnesses :.....
Chronic Medication:.....	Medical Problems:.....
Medical Aid Name:.....	Medical Aid Number:.....
Medical Aid Code:.....	
In case of emergency, which Parent should be contacted?:.....	
Alternative contact Person / Telephone in case of emergency:..... /	

FOR OFFICE USE ONLY :

Admission number	:.....
Admission Granted/Not Granted	:.....
Date	:.....
Assessor	:.....

Signature of Deputy Principal _____

Special Conditions of Approval:

.....
.....
.....
.....
.....

AGREEMENT

This is the confirmation that my child who is under my financial custody:

.....(Name) will be accepted for entry to **Star College** pupil in gradein the term of 20
on the following expressed terms and conditions;

1. That STAR COLLEGE is an independent school.
2. That a registration fee must be paid after the acceptance. That I'm indebted to STAR COLLEGE with the payment plan indicated previously.
3. That the quarterly school fees shall be payable in advance **before** the first day of each school term. Accounts for supplementary fees or expenses shall be paid by the end of the month. Monthly fees are payable by the 7th of each month with the first payment due by the 7th of January.
An Administration Fee of 2% will be charged monthly on late payments. If 2 instalments are missed, then the FULL YEARS SCHOOL FEES will become payable immediately and STAR COLLEGE shall thereupon forthwith be entitled to institute action against me for the recovery thereof, in which event I shall be liable for the payment of all debt-collector and own client costs (including collection commission) incurred by STAR COLLEGE in respect of such proceedings.
4. That a **full term fee are payable** in the event of withdrawal for whatever the reason may be between the date of this acceptance and the beginning of the next term of the year, unless there are, in the opinion of the principal, unusual circumstances.
5. That the principal or the acting principal shall have the right to refuse to allow a pupil to return to school for any term at the beginning of which the previous term's fees have not been fully paid.
6. That the principal or the acting principal shall have the right to refuse to release any document (transfer form, report card etc..) if there is any outstanding fee remaining.
7. That in the event of emergency arising, medical or otherwise relating to the above-mentioned pupil in which it is not in reason or possible in the opinion of the principal or acting principal or staff member duly designated by the principal, for effective communication to be established with the parent or guardian, the Principal or Acting Principal and or staff shall have the authority, to make any decision they consider necessary in the interest and welfare of the said pupil and/or of the school and/or of the rest of the pupils. Any medical or other costs arising from this decision will be the responsibility of the Account Payee.
8. That the principal has the right in his absolute discretion, to suspend a pupil from the school, or to require his withdrawal for any reason considered within the best interest of the school. Should the pupil be asked to leave the school, the parent or guardian shall be remain liable for the school fees due for the full term during which the pupil was removed, and if such fees have been paid the school shall not be obliged to refund any portion thereof.
9. That the pupil found in the possession of and using or found to be responsible for carrying into school habit forming drugs, alcohol, cigarettes and undesirable literature (as in the opinion of the principal) will face risk of expulsion from the school; as also will any pupil who absents himself from the school without permission.
10. A certificate signed by the Treasurer of the Board of Governors of the school shall constitute *prima facie* proof of the amount due by me in respect of school fees and interest at any time.
All accounts, notices and legal process in respect of school fees shall be sent to me at my address set out above, which I appoint as my *domicillum citandi et executandi* for the purpose of any legal proceedings against me. In terms of SA Schools Act No 84 of 1996 (Section 39/40), both parents, irrespective of their marital status, are jointly and severally, responsible for the payment of school fees.
I hereby agree that the school may do a search via ITC, prior to enrolment. This search will be kept confidential and not shared with any third party.
11. The student has to abide by the regulations of the school, the principal/or acting principal has the authority to penalize a student if found not acting within these regulations.
12. That the school is not liable for any loss or damage, however caused, to any property **including cell phones** belonging to a pupil or any member which is, or may be deemed to be in custody of the School.
13. That any photos/ footage taken of my child/ward may be used in publications whether printed or audio visual.
14. That no child is allowed to repeat a grade at Star College. Parents would need to find an alternative school.
15. That the school's rules and regulations are amended from time to time and shall bind and be observed by the pupil or the parent or guardian insofar as they may concern them.

I accept that school fees are payable in advance. I understand that the school will be entitled to do credit enquiry and obtain information from credit bureau.

The Account Payees' signature below of whom a copy of his/her I.D. Book is attached, implies that the signatory has read and agrees to the conditions of acceptance stated above.

ACCOUNT PAYEES NAME IN FULL:

SIGNED: DATE:



STAR COLLEGES

ADMISSION POLICY & ENROLLMENT PROCEDURE

- Horizon Educational Trust has adopted the following admission policy for its schools (STAR COLLEGES) in South Africa.
- Star College, in its language policy, is a single medium school and that the language of instruction is English. Accordingly learners admitted to the school will need to be sufficiently proficient in **English** so as not to prejudice their academic progress.
- The School provides a **racially, culturally and socio-economically diverse environment**, with provision made to encourage access to ALL learners.
- **No form of unfair discrimination** will be practiced in the selection of learners to the school.

Procedure of Enrollment

1. **Application:** All applications are required to be made in writing on the schools prescribed application form, together with documentary proof requested to be annexed thereto. After the application, the applicant will be given a date to write the "School Entrance/ Scholarship Exam." *Non-refundable* Application fee must be paid during the application.
2. **Entrance /Scholarship Exam:** All Primary School applicants will be assessed by a Skill Evaluation Test and all High School applicants will sit for an Entrance/Scholarship Exam.
3. **Interview:** Interview is conducted with Parent/Guardian and Learner. Interviewing takes place in the second/third term for admission in January of the following year.
4. **Placement:** After initial acceptances are confirmed by school, the *non-refundable and non-deductible* Registration Fee is required to be paid to secure the placement at the school.
5. **Certain requirements are requested from school for interview:**
 - *COMPLETED APPLICATION/REGISTRATION FORM*
 - *2 x COPIES OF BIRTH CERTIFICATE & IDENTITY PHOTOS OF LEARNER*
 - *LATEST SCHOOL REPORTS*
 - *COPY OF PARENT I.D. DOCUMENT*
 - *PAY SLIP & 3 MONTHS BANK STATEMENT*
 - *PROOF OF RESIDENCE*
 - *FINANCIAL CLEARANCE CERTIFICATE*

6. After the interview, the following documents are needed to complete the Registration:

- *CLINIC CARD* (for Primary School application only)
- *PROOF OF RESIDENCE OF PAYEE*
- *PROOF OF EMPLOYMENT OF PAYEE*
- *COPY OF PAYEE'S IDENTITY DOCUMENT*
- *RECEIPT OF PAYMENT OF REGISTRATION FEES*
- *SCHOOL FEE PAYMENT PLAN* (School fee's contract between the school and payee)
- *TRANSFER CARD* (Original to be submitted at the end of the year.)
- *COMPANY REGISTRATION DOCUMENT OF PAYEE* and *LETTER HEAD* (If the payee is self employed)

DECLARATION BY PARENT / GUARDIAN

By signing this application, the parent/guardian accepts the contents of this policy:

I accept to pay the stipulated fees as agreed.

I agree to pay any bank charges and/or interest charged on overdue fees.

I will give a terms notice should I decide to transfer my child from school. In event of me not obliging to this commitment I will pay the full term's fees.

I am fully aware of the admission requirements of Star College Cape Town contained herein.

.....
Parents Signature

.....
Date

126 Tarentaal Road
Bridgetown
Athlone
7764
Tel: + 27 21 6990606
Email: info.bs@starcollegecpt.co.za
Website: www.starcollegecpt.co.za



FINANCIAL CLEARANCE CERTIFICATE

(To be completed by the School Business Manager of the Learners current school)

Dear Sir/Madam

The pupil name hereunder has applied for admission to Star College Bridgetown. Kindly complete the information below as soon as possible, as it forms part of the application. Please email it directly to the school at info.bs@starcollegecpt.co.za or via the applicant in **sealed envelope**.

Name of Learner	
Name of the responsible person for fee payment	
ID Number of responsible person for fees	
Name of School where pupil is currently enrolled	
Annual Fees for (Grade)	
Fees paid to date	
Fees outstanding	
Comment:	

This letter certifies that the above person, responsible for the school fees as indicated.

Name of School Business Manager

Signature

School Stamp

Date