



**STAR COLLEGE**  
**PRETORIA**  
25 Meadow Avenue, Willow Glen  
www.starcollegepta.co.za



**Pre/PRIMARY**

**APPLICATION FORM**

**PLEASE USE CAPITAL LETTERS TO COMPLETE THIS FORM. ALL FIELDS MUST BE COMPLETED. APPLICATIONS WILL NOT BE PROCESSED IF ALL REQUIRED DOCUMENTS ARE NOT ATTACHED**

**Particulars of Applicant:**

Full Names: .....	Residential address: .....
Surname: .....	.....
Preferred name: .....	Postal address: .....
Date of birth: .....	.....
Country of Birth: .....	Home Telephone: .....
Nationality: .....	Special needs (specify in detail eg. ADD or any behavioural problems):
ID Number: .....	.....
Gender: .....	.....
Home Language: .....	.....
Religion: .....	Does the applicant have any siblings attending Star College Pretoria? Please state name and Grade. (5% discount awarded to siblings)
Number of children in family: .....	.....
Siblings: ..... of..... children	.....
Present School: .....	Has the student passed all grades?
Present Grade: .....	.....
Grade applying for: .....	Has the student been professionally assessed to show weakness in any subject? Please specify
.....	.....

**NB: Each application is provisional and subject to assessment and approval. There is an age restriction for applicants. Star College reserves the right to decline any applicant that does not meet the Star College evaluation criteria.**

**Particulars of Parents / Guardians**

Student name: .....

Deceased Parents: .....

NB: If a parent is deceased, please provide details of step parent or guardian if applicable below.

**Father / Guardian**

**Mother / Guardian**

Full Names: .....

Full Names: .....

Surname: .....

Surname: .....

Occupation: .....

Occupation: .....

Employer: .....

Employer: .....

Tel Home: ..... Work: .....

Tel Home: ..... Work: .....

Cell: ..... Fax: .....

Cell: ..... Fax: .....

Email: .....

Email: .....

ID Number: .....

ID Number: .....

Work address: .....

Work address: .....

Residential address: .....

Residential address: .....

Postal address: .....

Postal address: .....

Marital Status: .....

Marital Status: .....

If one of the above is a guardian and not a biological parent, please state relationship: .....

Applicant's living arrangements

Whom does the child live with? Both Parents  Guardian  Father  Mother

If Guardian:

Name and Surname: .....

Cell: ..... Email: .....

If divorced: Sole Custody  Joint Custody  Single Parent   
Widow/widower

If divorced or single parent, is there contact with the other parent? YES  NO

In the case of divorce if the parent the applicant is living with has remarried, kindly provide the following for the Step parent:

Name and Surname: ..... Email: .....

Cell: .....

**Medical Information**

Student name: .....

Contact persons in Case of Emergency

- 1. Name and Surname: ..... Tel Work: ..... Cell: .....
- 2. Name and Surname: ..... Tel Work: ..... Cell: .....
- 3. Name and Surname: ..... Tel Work: ..... Cell: .....

Family Doctor: .....

Doctor Tel: ..... Cell: .....

Medical Aid: ..... Option: .....

Membership No: .....

Allergies: .....

Please disclose ALL medical details below that the School should be aware of regarding your child's health and medical condition. (Reading glasses included)

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

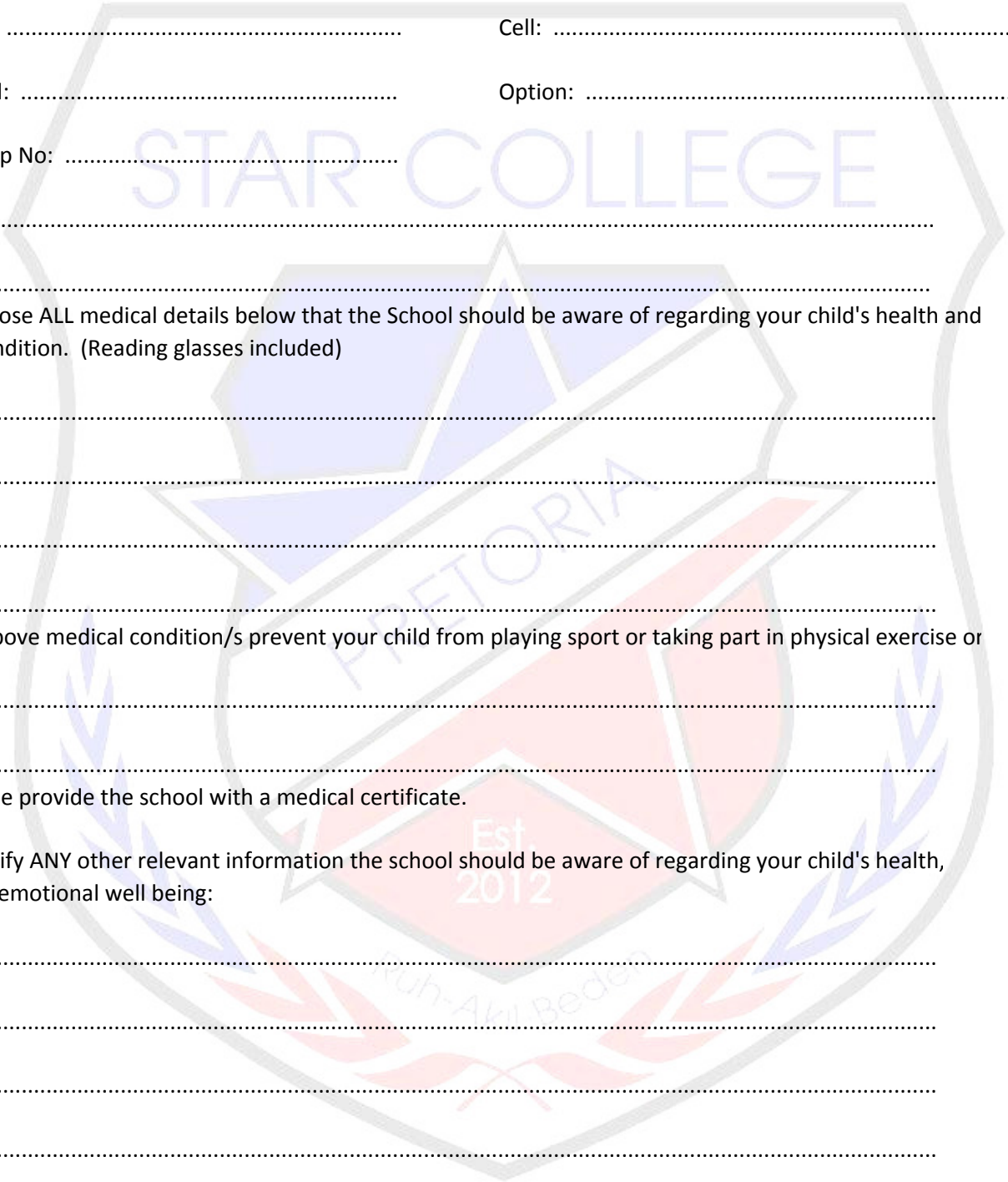
Does the above medical condition/s prevent your child from playing sport or taking part in physical exercise or activities?

.....  
.....

If yes, please provide the school with a medical certificate.

Please specify ANY other relevant information the school should be aware of regarding your child's health, physical or emotional well being:

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



**Fee Structure**

Student name: .....

**2019 Fee structure is as follows:**

**NON-refundable** Registration fee: R 7000-00  
Primary Tuition fees:  
Grade RR : R38 500-00  
Grade R : R42 350-00  
Grade 1-3 : R45 375-00  
Grade 4-7 : R46 585-00  
Registration Fee is payable upon acceptance  
(This is **NOT** deducted from the fees)

**Fee Payments**

Fees should be deposited in the school account with your child's **ACCOUNT NUMBER** as the reference. If you are depositing the registration fee, please use your child's **FULL NAME** followed by year you are applying for. The proof should then be forwarded to the accounts secretary: info@starcollegepta.co.za  
Banking Details: Horizon Educational Trust  
First National Bank  
Menlyn Square Branch 252445  
Acc No. 6225 532 5013

NB: Please keep up-to-date with your payments so as to avoid any additional penalties.  
(10% per month on arrears)

**Particulars of Account Payee (person responsible for school account)**

Full Names: ..... ID Number: .....  
Surname: ..... Work address: .....  
Occupation: ..... Residential address: .....  
Employer: .....  
Tel Home: ..... Work: .....  
Cell: ..... Fax: ..... Postal address: .....  
Email: .....  
Above person's relationship to student: .....

This is my agreement that I will settle the account as follows:  
(a 5% penalty is added per month for late payments)

- in full before 15 January - 5% discount
- 10 equal monthly payments - before the 3rd of each month in advance (first payment by Jan 3rd)
- Termly deposit for 4 terms (payable before the start of each term)

Signed on the .....of.....20.....at.....

SIGNATURE ..... Date .....

**Documents required**

- |  |  |
|--|--|
| <input type="checkbox"/> Fully completed Application form with Photograph  | <input type="checkbox"/> Proof of residence where child lives                              |
| <input type="checkbox"/> 2x Certified copies of applicants <b>UNABRIDGED</b> birth certificate (with parents' details) | <input type="checkbox"/> Proof of employment for BOTH parents                              |
| <input type="checkbox"/> Copy of latest school report and transfer card  | <input type="checkbox"/> Latest payslip of BOTH parents                                    |
| <input type="checkbox"/> Certified Copies of BOTH parents ID Documents   | <input type="checkbox"/> Proof of bank account of account payee (with official bank stamp) |
| <input type="checkbox"/> Signed insert copy of current years fee structure   | <input type="checkbox"/> Copy of applicants clinic card                                    |

**In the case of self employed:**

- |   |   |
|---|---|
| <input type="checkbox"/> Company registration                                   |   |
| <input type="checkbox"/> Letter from accountant stating personal monthly income | <input type="checkbox"/> 3 months personal bank statements verifying income as per accountant |

**In the case that the applicant is living with guardians:**

- Official Guardianship documentation (when applicant is living with guardians)

**In the case that the parents and child is not South African citizens:**

- Study permit

**NB:** Please note that ALL documents must be submitted with your application. Documents not submitted will result in the delay of this application. No application will be processed unless ALL documents are submitted. Please complete the page overleaf.

**FOR OFFICIAL USE ONLY**

Admission Granted:

Grade accepted into:

Admission number:

Account number:

Date accepted:

SIGNED (Principal)

Special Conditions of Approval:

ACADEMIC SCHOLARSHIP: ..... FINANCIAL SCHOLARSHIP: ..... 5% SIBLING DISCOUNT: Y or N

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

**Terms & Conditions:**

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

Name: ..... will be accepted for entry to Star College as a pupil in grade .....

in the ..... term of 20 ..... on the following expressed terms and conditions.

1. That a registration fee must be paid after the acceptance. That I am indebted to STAR COLLEGE with the payment plan indicated previously.
2. 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 3rd of each month with the first payment due by the 3rd of January. An Administration Fee of 10% 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. Students with accounts in arrears with the equivalent of 2 months fees will not be allowed to return to class the next term, and will be de-registered.
3. A Terms notice has to be given by the parent/guardian if a pupil is leaving the school for whatever reason. Failure to do so will result in 3 months fees being payable immediately. Failure to do so will result in the account being handed over to the Debt Collector for collection.
4. RE-registration for the following school year is only possible to those learners whose school fees accounts are up to date at the time of registration.
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 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.
7. 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 there of.
8. 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.
9. 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.
10. 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.
11. That any photos/ footage taken of my child/ward may be used in publications whether printed or audio visual.
12. 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.
13. If the need or any financial concern arises, Star College hereby has the right to do a financial credit check.

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, and that all informatiion provided in this application form is true and correct and that the signatory will notify the school office of any changes thereof.

ACCOUNT PAYEES NAME IN FULL: .....

SIGNED: ..... DATE: .....

PARENT 1: ..... PARENT 2: .....



# STAR COLLEGE

## PRETORIA

25 Meadow Avenue  
Willow Glen, Pretoria East  
T 012 8072346 F 086610 5853  
info@starcollegepta.co.za  
www.starcollegepta.co.za

### SCHOOL INDEMNITY FORM

The following Indemnity Form, if signed, gives your consent for your child to participate in all future school excursions for the duration of his/her stay at Star College, be transported to hospital in case of an emergency and also to be treated by a trained First Aider in case of an emergency. Please note that if you do not want your child to go on a particular excursion you may naturally exercise this option by providing the school office with a written letter stating so. This Indemnity also entitles the school to make use of photographs of your child in any publications or advertisements for the school and or events.

PLEASE NOTE that at Star College we consider your child as our own and that special care will be taken to ensure the safety of each child on any educational outing.

I hereby give permission for my child, \_\_\_\_\_, to participate, under the supervision of the school, in all educational excursions and/or extra-mural activities while he/she remains a pupil at Star College.

I hereby declare that I shall not hold the aforementioned School or its appointed representative liable for any damage or injury sustained by my child while he is on an educational excursion, an extra-mural activity arranged by this school, or as a participant in the school's arranged program.

I also undertake to indemnify the appointed representatives of Star College against all claims by me, or any third parties arising from any cause or action whatsoever, and will not hold the School or its representatives liable for any injury or loss or any damages consequent thereto, sustained whilst my child is in their care.

I accept that the Principal and his staff will take every precaution to ensure the safety of my child.

Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### SCHOOL POLICY AGREEMENT

I, ..... (Full Name/s),

the parent of ....., hereby agree to abide by each of the policies, rules and procedures that may be adopted from time to time by Star College and Horizon Educational Trust including but not limited to those set forth / referred to in the Star College Student Handbook

Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

