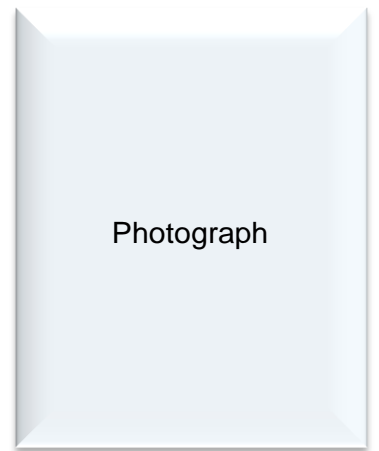




STAR COLLEGE APPLICATION FORM



Learner Details

First Name	Home Telephone
Middle Name	Residential Address
Surname
Date of Birth
Country of Birth	Postal Address
Gender
Special Needs(Please specify in detail eg. ADD or any behavioural problems)	Are parents divorced or separated?
.....	If either, who has custody?
.....	Position of the applicant in the family
Allergies / Medical problems (Please specify in detail)	Does the applicant have any siblings at STAR COLLEGE ?
.....
Home Language	Has the student passed all standards? If not please specify
Whom is the applicant living with?
Present School	Has the student been professionally supported for any weakness in any subject? Please specify
Applied For Grade
.....

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Accepted into Grade

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 Guardian (If not a Parent, complete fully. If a Parent, simply state Relationship*)

*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)

with post-dated cheques which I attach herewith
 in full before 7 February

10 equal monthly payments (first payment by 7 February)
 termly deposit for 4 terms (Payable at the beginning of each term)

Signed on the of 20..... 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. **021 - 6970536** or e-mail to **bursar@starinternational.co.za**

Horizon Educational Trust
 ABSA Bank
 Claremont Branch
 Branch Code: 632005
 Account No. 4048952332
 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.

- Fully Completed Application Form **with Photograph**
- 2 x Certified Copies of Birth Certificate
- Copy of Last School Report
- Copy of Account Payees I.D. Document
- Copy of Parents I.D. Document
- Clinic Card
- Proof of Salary/Letter of Sponsorship
- Proof of Residence
- Any report of assessments done

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

At Star College we aim to graduate pupils of good character high morals and courage, who have confidence in their own potential to walk proudly into society. We hope to instill these core values into the fabric of your child's life whilst at Star College.

- Integrity
- Commitment
- Self-discipline
- Respect
- Compassion
- Perseverance

Thank you for allowing us this privilege.

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Admission number :
Admission Granted/Not Granted :
Date :
Assessor :
Deputy Principal :
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 February.

An Administration Fee of 2% will be charged monthly on late payments. If 2 installments 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: