



STAR COLLEGE

Photograph

Application Form Boys High

Particulars of Applicant

Name	Home Telephone
Surname	Residential Address
Date of Birth
Country of Birth
Gender	Postal Address
Special Needs(Please specify in detail eg. ADD or any behavioural problems)	Are parents divorced or separated?
Allergies / Medical problems (Please specify in detail)	If either, who has custody?
Home Language	Number of children in the family
Deceased parents	Does the applicant have any siblings at STAR COLLEGE? Please state name and Grade. (A 10% discount will be awarded for siblings)
With whom is the applicant living with?	Has the student passed all standards? Please specify
Present School	Has the student been professionally assessed to show weakness in any subject? Please specify
Learners SA I.D. No.:.....
Foreign Passport Number:
Grade Applied For

Second Language Selection: Afrikaans Zulu

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Grade accepted into

Particulars of Parents (Please state if any member is deceased)

Father

Name, Surname

Occupation

Company Name.....

Company address:.....

Tel. Home Work

Cell Fax

E-mail.

I.D Number

Mother

Name, Surname

Occupation

Company Name

Company Address

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	
I.D No. :		

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	NB: Work 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 31st January (3% discount)
- 10 equal monthly payments
(first payment by Jan 31st)
- termly deposit for 4 terms
(Payable at the beginning of each term)

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

SIGNATURE

DATE

Fee Structure

Fees structure is as follows (Please see insert);

Registration Fee upon acceptance
(This is NOT deducted from the fees)

(Fees increase approx 10% increase per annum)

Please Note: ICDL Course is compulsory at an additional cost for Grade 8 learners - this is a 2 year course. There will be additional charges for excursions, olympiads. Books and stationery will be at your own cost.

Dormitory High School Learners
(additional to School fees which includes bed linen set and mattress)

Fees Payment

Fees should be deposited in the school account with your child's **FULL NAME** and **ACCOUNT NUMBER** as the reference. If you are depositing the registration fee, please use your sons FULL NAME REG followed by the year you are applying for eg. 2018 and grade eg Gr8. This deposit should then be forwarded to the accounts secretary on fax no. **031 - 2627425** or email **accounts@starcollege.co.za**

Horizon Educational Trust
First National Bank
Westville branch
Branch Code: 223526
Account No. 6203 1167 944
Reference **example:** John Smith Acc. No. 111

Please keep up-to-date with your payments so as to avoid any additional penalties.(2% per month on arrears)

Documents required

For your assistance please check the following important information:

1. Requirements upon Application process (before interview):

- COMPLETED APPLICATION/REGISTRATION FORM
- 2x IDENTITY PHOTOS OF LEARNER
- 2x CERTIFIED COPIES OF UNABRIDGED BIRTH CERTIFICATE
- COPY OF LATEST 2 SCHOOL REPORTS
- CERTIFIED COPY OF PARENT I.D. DOCUMENT
- PAYSリップ OF PARENT (PERSON RESPONSIBLE FOR SCHOOL FEES)
- COPY OF CLINIC CARD

- PROOF OF RESIDENCE OF PAYEE (EG ELECTRICITY BILL)
- LETTER FROM YOUR CURRENT SCHOOL REFLECTING YOUR FEE STATUS
- CERTIFIED COPY OF PAYEE'S IDENTITY DOCUMENT
- STAR COLLEGE SCHOOL FEE STRUCTURE INSERT

2. After the interview, the following documents are needed to complete the registration:

- RECEIPT OF PAYMENT OF REGISTRATION FEES & 1 MONTH FEE
(To be paid within 2 weeks of acceptance)
- TRANSFER CARD (Original to be submitted at the end of the year)

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Admission number

Application checked by

Admission Granted

Date

SIGNED(Principal)

Special Conditions of Approval:

ACADEMIC SCHOLARSHIP: FINANCIAL SCHOLARSHIP:..... 10% SIBLING DISCOUNT: Y or N

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Important Information:

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

1. That a registration fee must be paid after the acceptance along with 1 months school fee for Jan. 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 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 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. All cash deposits with incur a bank charge.
3. 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.
4. 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.
5. 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.
6. 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.
7. 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.
8. 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.
9. 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.
10. That any photos/ footage taken of my child/ward may be used in publications whether printed or audio visual.
11. 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.

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:

