GRADE OFFICE USE ONLY

SUNSHINE PRIVATE SCHOOL STUDENT ENROLMENT FORM ~ 2025

Co	mpu	ter	Gen	erat	ed S	Stud	ent	Num	ber	/ Stu	uder	nt ID	
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452, Cnr Independence Avenue & Brandberg St, Eros Windhoek

P. O. Box 50021 Windhoek

Tel: +264 61 230315

Mobile: +264 812 819 593 +264 816 025 120 +264 818 584 730

e-mail: accounts@sunshineprivateschool.com



STUDENT INFORMATION

SURNAME:						
FIRST NAME:			·			
OTHER NAME/S (IF APPLICABLE)			/ .			
GENDER (TICK) MALE FEMALE	BIRTH I	DATE (D	р-мм-ү	YYY)	_/	/
BIRTH CERTIFICATE No.:	RELIGIO	N (DEN	OMINAT	ION)		
Home Address:						
STREET:						
SUBURB.:						
TELEPHONE NUMBER MOBILE NUMBER						
ADDITIONAL INFORMATION:						
PREVIOUS SCHOOL/ KINDERGARTEN				GRAD	E APPLIED	FOR
IS THE CHILD TRANSFERRING?: ☐ YES ☐ NO			IS THE	CHILD RE	EPEATING A	GRADE?:
DOES THE CHILD SPEAK ENGLISH?:				YES	□No	
LIST OTHER FAMILY MEMBERS ATTENDING SU	JNSHINE F	PRIVATE	SCHOO	L (IF AN	Y):	
1.			GRAI	DE:		
2.			GRAI	DE:		
		\\				
FOR OFFICE USE ONLY:						
CHILD'S BIRTH CERTIFICATE COPY PROVIDED (TICK)	YES	No	ENROL	MENT DATI	E:/_	_/
ANY ALERT MEDICAL CONDITIONS FOR THE STUDENT	YES	□ No	INDEMN	NITY SIGNE	D YES	No
PROOF OF RESIDENCE ATTACHED	YES	☐ No	Снеске	ED BY		
COPY OF I.D. ATTACHED	YES	No	SIGN_			
SIGNATURE PROVIDED IN ALL SECTIONS	YES	☐ No				

PARENTAL INFORMATION

TAKENTAE IN ORMATION	FARENTAL INFORMATION
Person Responsible For Paying School F	ees (tick) Father Mother Guardian
FATHER	MOTHER
TITLE: MR DR PROF HON	TITLE: MRS DR PROF HON
SURNAME:	SURNAME:
FIRST NAME/S:	FIRST NAME/S:
ID NUMBER: Attach Copy of ID	ID NUMBER: Attach Copy of ID
OCCUPATION:	OCCUPATION:
EMPLOYER:	EMPLOYER:
WORK ADDRESS:	WORK ADDRESS:
TELEPHONE WORK:	TELEPHONE WORK:
MOBILE 1:	MOBILE 1:
MOBILE 2:	MOBILE 2:
EMAIL ADD:	EMAIL ADD:
RESIDENTIAL ADDRESS: Attach proof of Res	idence RESIDENTIAL ADDRESS: Attach proof of Residence
POSTAL ADDRESS:	POSTAL ADDRESS:
GUARDIAN INFORMATION Complete this part ONLY if child is not staying with biological control of the control of	aical parents
TITLE: MR DR PROF HON	
SURNAME:	FIRST NAME/S:
ID NUMBER: Attach Copy of ID	OCCUPATION:
EMPLOYER:	
WORK ADDRESS:	TELEPHONE WORK:
MOBILE 1:	MOBILE 2:
EMAIL ADD:	
RESIDENTIAL ADDRESS: Attach proof of Resi	
RELATIONSHIP OF GUARDIAN TO STU	JDENT (TICK)
<u> </u>	ADOPTIVE PARENT HOST FAMILY STEP- PARENT FAMILY FRIEN

PRIMARY FAMILY EMERGENCY CONTACTS

Who family or parent/s the child mostly lives with."

NAME	RELATIONSHIP	TELEPHONE	HOME LANGUAGE
1.	E.g. Neighbour, Relative, Friend	d or other	
2.			
3.			
4.			
DEMOGRAPHIC DETAI	LS OF STUDENT		
COUNTRY OF BIRTH:			
_	CITIZEN	□ Permanent	TEMPODA DV
RESIDENTIAL STATUS:	CITIZEN	PERMANENT	☐ TEMPORARY
HOME LANGUAGE; (TICK)	OSHIWAMBO	OTJIHERERO	AFRIKAANS
	☐ DAMARA/ NAMA	☐ OSHIKWANYAMA	OSHINDONGA
		B RUKWANGWALI	☐ FRENCH
	Portuguese	☐ ENGLISH	☐ Kavango
	OTHER (SPECIFY)		
WHAT IS THE CHILD'S I	LIVING ARRANGEME	INT (TICK ONE)	
AT HOME WITH BOTH I	PARENTS	☐ MOSTLY WITH ONE PA	RENT
☐ AT HOME WITH GUARD	DIAN	☐ ALWAYS WITH SINGLE	E PARENT
PREFERRED MODE OF	TRANSPORT FOR C	HILD	
Own Transport		SCHOOL BUS	☐ TAXI
WALKING		OTHER (SPECIFY)	
		,	
	NO IN EVERY OURD	OUT AD ACTIVITIES	
STUDENT RESTRICTIO	NS IN EXTRA-CURRI	CULAR ACTIVITIES	
IS THE CHILD RESTRICTED	FROM TAKING PART IN	I SOME SPORTING ACTIVITI	ES AT SCHOOL
☐ YES	□ No		
IF YOUR ANSWER IS "YES"	", GIVE REASON		
MEDICAL CONDITION Attach proof from doctor	N PHY	SICAL DISABILITY	
travelling to and from scho	ool with the school bus, the	nild at school, on an excursion e school shall not be liable in espond in time, I authorise th	such circumstances.
Take my child for medica	l attention as may be deer	ned necessary by any medica	l practitioner
Take my child for medica Take my child for medica YES Administer such first aid	□ NO		
		be reasonably necessary.	~·
∟ YES		ent/ Guardian	Sign

STUDENT MEDICAL DETAILS

Signature

Date

DOES THE CHILD SUFFER FROM ANY OF TI	HE FOLLOWING MEDICAL CON	IDITIONS?: (TICK)	
HEARING SPEECH	VISION	MOBILIT	TY
DOES THE CHILD SUFFER FROM ASTHMA	?:	YES	NO
DOES THE CHILD HAVE ANY OTHER COND IF YES, PLEASE SPECIFY:	ITIONS BESIDES THE ABOVE?:	YES	NO
DOES THE CHILD HAVE ALLERGIES?: IF YES PLEASE SPECIFY:		YES	NO
IS THE CHILD ON MEDICAL AID?:		YES	NO
DOES THE CHILD HAVE A PRIVATE DOCTOR NAME OF DOCTOR AND PRACTICE:	R?:	YES	NO
LOCATION OF DOCTOR'S PRACTICE: DOCTOR'S TELEPHONE NUMBER:			
SCHOOL UNIFORM (TICK BOX)			
IT IS THE POLICY OF SUNSHINE PRIVATE S TO ABIDE BY THE SCHOOL'S POLICY OF WI ENSURING THAT MY CHILD WEARS SCH	EARING APPROPRIATE SCHOO		GREE
ENSURING THAT ALL UNIFORMS HAVE (AND FOUND.	CLEAR NAME TAGS FOR EASY	IDENTIFICATION WHE	N LOS
Terms and Conditions	SCHO	OL FEES	
Acceptance for enrolment will be determined after paying all the required amount in full. Which includes registration fees and the first instalment. A testimonial letter and current school report from the previous school is a requirement, for Grades 2-7.		Over 12 month	s
3. A certified copy of the child's Birth Certificate must be attached. 4. A certified copy of the student permit (where applicable) must be attached. 5. School fees is paid monthly on or before the 1st day of every month in monthly instalments over 11 months or once off for the whole year. (NB. Fees are NON-REFUNDABLE after the 7th of each month	Grade 1 to 7	N\$ 1980.00/pm	
6. Registration fees are non-refundable. 7. First instalment is non-refundable and non-transferrable. 8. To enrol, the student's application form must be completed in full by parent/s or guardian and all Required documents are attached. 9. Completed Application form to be submitted to admission (FINANCE) for processing.	Kindergarten	N\$ 960.00/pm	
10. The student's report will only be provided if all arrears are cleared. 11. Transfer letters will be issued only when outstanding fees have been settled. 12. The school reserves the right to withdraw a child from class if fees are not paid for 3 consecutive months. 13. In terms of the Ministry of Education regulations, parents need to give a one month's notice prior to	Babies	N\$ 1200.00/pm	l
withdrawing the child/ children. Where notification is not given to the school, fees for that month will be charged. 14. The contract is binding for as long as no notice is given to disenrol the child. 15. Service will continue to be provided either face-to-face or eLearning for which payment monthly or annually should be rendered.	Annual levy (To be paid once-off in January)	N\$ 450.00/ year	
16. Amounts outstanding for more than 3 months will be handed over to the debt collectors for recovery. 17. The school reserves the right to increase school fees at any time and this will not apply to fees paid already. 18. The school regrets that it can not extend credit to students. All additional services must be paid for in advance at the school.	Application Form	N\$ 100.00	
19. The school is unable to refund or stop charging fees when a student is absent due to illness or injury or other emergency, unforseen events or change in personal circumstances. 20. The school reserves the right to institute student's withdrawal including immediate withdrawal from the school for serious or aggravated disciplinary or behavioural matters including continued or repeated misconduct or if it be considered by the Principal of the school that such a withdrawal is in the best interest of the student or other students.	Interview Fee	N\$ 100.00	
21. In the event that a student is suspended, fees shall continue to be paid and there will be no refund 22. By enrolling to the school, parents/ guardians consent to the reasonable use of the student's details for academic achievement, including images filming or recordings of the student for the schools' promotional purposes. 23. The school shall not be liable for either death or personal injury suffered by any student except as may arise through negligence of the school. 24. Parents' guardians agree to notify the school of any allergies or medical conditions, dietary needs or other medical conditions the student might have. 25. Parents agree that the school may administer any non-prescriptive medication or first aid to the student as claimed appropriate before seeking medical, dental or optical treatment as may be required.	Registration Fee Stationery (once off) NB: * An application u requirements are * School fees is sub	vill not be processed if not fulfilled.	
26. The school reserves the right to offer any content as their teaching and learning materials at any time. 27. The school reserves the right to offer the details of any published information at any time. 28. The school reserves the right to offer methods of payment it deems necessary at any time. 29. Parents / guardians are liable to any damages caused by the student while at school. 30. The school will not be liable or accept responsibility or liability whatsoever through acts of omission or negligence by employees to student's personal property. 31. Applications will NOT be processed if information requested is not provided in full. 32. A child may be withfrawn from attending class after 8 consecutive working days of non attendance without a valid reason or notice. Parent(s) must inform of request for permission from the school in writing.	NAME	NAVE GIVEN IN THIS FORM IS TRUE & CORRECT	PARENT
33. Information dissemination from the school shall be done through the individual and contact details selected as the MAIN CONTACT any changes to the information, should be the duty of the parent to notify the school. I have read and understood the Terms and Conditions Name	SIGNATURE		

Thank you for taking time to complete your child's Enrolment Form. We, at Sunshine Private School, understand that the information you have provided is, <u>PRIVATE and CONFIDENTIAL</u> and will be treated as such. The information is only useful for enabling the school to properly enrol your child.