GRADE ONE

SUNSHINE PRIVATE SCHOOL STUDENT ENROLMENT FORM ~ 2026

Computer Generated Student Number/ Student ID

 $452,\,\mathrm{Cnr}$ Independence Avenue & Brandberg St, Eros Windhoek

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e-mail: accounts@sunshineprivateschool.com



STUDENT INFORMATION

STUDENT INFORMATION						
SURNAME:		VII.				
FIRST NAME:	•					
OTHER NAME/S (IF APPLICABLE)						
GENDER (TICK) MALE FEMALE BIRTH DATE (DD-MM-YYYY)//						
BIRTH CERTIFICATE No.: RELIGION (DENOMINATION)						
Home Address:						
STREET:						
SUBURB.:						
TELEPHONE NUMBER MOBILE NUMBER						
Additional information:						
PREVIOUS SCHOOL/ KINDERGARTEN		GRADE	E APPLIED FOR			
IS THE CHILD TRANSFERRING?:			PEATING A GRADE?:			
YES NO		☐ YES	No			
DOES THE CHILD SPEAK ENGLISH?:		YES	□ No			
LIST OTHER FAMILY MEMBERS ATTENDING SU	INSHINE PRIVATE	SCHOOL (IF ANY	r):			
1.		GRADE:				
2.		GRADE:				
FOR OFFICE USE ONLY:						
CHILD'S BIRTH CERTIFICATE COPY PROVIDED (TICK)	YES No	ENROLMENT DATE	:/			
ANY ALERT MEDICAL CONDITIONS FOR THE STUDENT	YES No	INDEMNITY SIGNED	YES No			
PROOF OF RESIDENCE ATTACHED	YES No	CHECKED BY				
COPY OF I.D. ATTACHED	YES No	SIGN				
SIGNATURE PROVIDED IN ALL SECTIONS	YES No					

PARENTAL INFORMATION

Person Responsible For Paying School Fees	(tick) Father Mother Guardian			
<u>FATHER</u>	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 Residence	RESIDENTIAL ADDRESS: Attach proof of Residence			
POSTAL ADDRESS: POSTAL ADDRESS:				
GUARDIAN INFORMATION Complete this part ONLY if child is not staying with biological	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 Residence	POSTAL ADDRESS:			
RELATIONSHIP OF GUARDIAN TO STUDENT (TICK)				
	PTIVE PARENT HOST FAMILY PARENT FAMILY FRIEND			

PRIMARY FAMILY EMERGENCY CONTACTS

Please Note: Primary family is: "the family or parent/s the child mostly lives with.

NAME	RELATIONSHIP	TELEPHONE	HOME LANGUAGE		
1.	E.g. Neighbour, Relative, Friend	or otner			
2					
3.					
4.					
DEMOGRAPHIC DETAIL	LS OF STUDENT				
COUNTRY OF BIRTH:					
RESIDENTIAL STATUS:	CITIZEN	PERMANENT	TEMPORARY		
Home Language; (TICK)	Оѕнішамво	☐ OTJIHERERO	AFRIKAANS		
	☐ DAMARA/ NAMA	OSHIKWANYAMA	OSHINDONGA		
	☐ KHOEKHOEGOWAI	B RUKWANGWALI	☐ FRENCH		
	☐ Portuguese	□ English	☐ KAVANGO		
WHAT IS THE CHILD'S I	LIVING ARRANGEME	NT (TICK ONE)			
AT HOME WITH BOTH PARENTS MOSTLY WITH ONE PARENT					
☐ AT HOME WITH GUARD	NIAN /	ALWAYS WITH SINGLE	PARENT		
	- XX		PARENI		
PREFERRED MODE OF	TRANSPORT FOR CE	III LD			
Own transport		SCHOOL BUS	☐ TAXI		
☐ WALKING ☐ OTHER (SPECIFY)					
STUDENT RESTRICTIONS IN EXTRA-CURRICULAR ACTIVITIES					
IS THE CHILD RESTRICTED FROM TAKING PART IN SOME SPORTING ACTIVITIES AT SCHOOL					
YES No					
IF YOUR ANSWER IS "YES", GIVE REASON					
MEDICAL CONDITION Attach proof from doctor	PHY	SICAL DISABILITY			
1.I grant permission to sunshine private school to photograph, record and use image /videos of my child only in good faith with no compensation 2.In the event of illness, injury or any mishap to my child at school, on an excursion, sporting activity or travelling to and from school with the school bus, the school shall not be liable in such circumstances. However, where such occurs, and I am NOT ABLE to respond in time, I authorise the school, where possible to:					
Take my child for medical attention as may be deemed necessary by any medical practitioner YES NO					
Administer such first aid as the school may judge to be reasonably necessary.					
YES	NO Name of Pare	nt/ Guardian	Sign		

STUDENT MEDICAL DETAILS

Signature _

<u>D</u>ate _

DOES THE CHILD SUFFER FROM ANY OF	THE FOLLOWING MEDICAL COND	ITIONS?: (TICK)
HEARING SPEECH	VISION	MOBILITY
DOES THE CHILD SUFFER FROM ASTHMA	A?:	YES NO
DOES THE CHILD HAVE ANY OTHER CON IF YES, PLEASE SPECIFY:	DITIONS 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:	OR?:	YES NO
LOCATION OF DOCTOR'S PRACTICE: DOCTOR'S TELEPHONE NUMBER:	_ ^	
SCHOOL UNIFORM (TICK BOX)		7.
IT IS THE POLICY OF SUNSHINE PRIVATE TO ABIDE BY THE SCHOOL'S POLICY OF V		
☐ ENSURING THAT MY CHILD WEARS SC	HOOL UNIFORM EVERY DAY	
☐ ENSURING THAT ALL UNIFORMS HAVE AND FOUND.	CLEAR NAME TAGS FOR EASY ID	ENTIFICATION WHEN LOS
Terms and Conditions	SCHOOL	, 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		Orean 10 months
2- 7. 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		Over 12 months
12 months or once off for the whole year. (NB. Fees are NON-REFUNDABLE after the 7th of each month 6. Registration fees are non-refundable. 7. First installment 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	Grade 1 to 7	N\$ 2178.00/pm
 to cloud, the sourcest apprication form must be compreted in run by patents or guardian area in Required documents are attached. Completed Application form to be submitted to admission (FINANCE) for processing. The student's report will only be provided if all arrears are cleared. Transfer letters will be issued only when outstanding fees have been settled. 	Kindergarten	N\$ 1056.00/pm
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 withdrawing the child' children. Where notification is not given to the school, fees for that month will be	Babies	N\$ 1320.00/pm
charged. 14. The contract is binding for as long as no notice is given to disented 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	Interview Fee	N\$ 100.00
the best interest of the student or other students. 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	Registration Fee	N\$ 500.00
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	Stationery (once off) NB: * An application will	not be processed if
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.	requirements are no * School fees is subject	
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.		
Parents / guardians are liable to any damages caused by the student while at school. 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. The processed if information requested is not provided in full.	I CERTIFY THAT THE INFORMATION I HAVE NAME OF PARENT/ GUARDIAN	GIVEN IN THIS FORM IS TRUE & CORRECT
A child may be withdrawn 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. Information dissemination from the school shall be done through the individual and contact details selected as	NAME OF PARENT/ GUARDIAN SIGNATURE SIGNATURE	
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	DATE	
Name		

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.