



Bright Stars Academy

Bright Stars Academy

27 8th Avenue

Orange Grove

2192

Tel: (011) 640 2102

email: admin@brightstarsacademy.co.za

"Excellence is a state of mind"

APPLICATION FOR ADMISSION – 2020

Name and Surname of Applicant:	Grade & Year Applying for:

Requirements

1. Certified copies of the following documents must accompany this application form:
 - Identity documents of the parents / guardians – South Africans
 - Passport of the parents / guardians – Other nationals
 - Birth certificate of the applicant
 - Immunization card of the applicant
 - Latest report of the applicant
2. A passport size photograph of the applicant (learner)
3. A non-refundable application fee of R300

FOR OFFICE USE ONLY				
Date application received:		Received by:		
Parents ID/Passport	Attached		Not Attached	
Learner B/Certificate	Attached		Not Attached	
Immunisation card	Attached		Not Attached	
Report	Attached		Not Attached	
Photo	Attached		Not Attached	
Application fee:	Date received:		Receipt No.:	
Decision (Accept/ Accept with conditions/ Reject) Signed and dated by Headmistress				

PERSONAL DETAILS OF LEARNER

Grade on date of application:	Grade applying for:	Year applying for:
Name & Surname		
Gender		
Date of Birth		
Home Language		
Home Telephone No.		
Home Address		

PARTICULARS OF PARENTS

	Mother	Father
Name & Surname		
ID Number		
Home Address		
Home Telephone No.		
Cellphone No.		
Work Address		
Work Telephone No.		
Email address		
Marital Status		

PARTICULARS OF CLOSE RELATIVE

Name & Surname	
Address	
Telephone No.	
Relationship to learner	

MEDICAL AID INFORMATION

Name of Medical Aid:	
Medical Aid Number:	
Main Member's Name:	
Allergies:	

INDEMNITY

We, the undersigned, parents/guardians of..... (Child's full name) herewith place our child, out of our free will and our risk in the care of Bright Stars Academy staff and hereby indemnify the principal and responsible persons from any liability against incidents and accidents, which might occur while my said child is in care of Bright Stars Primary. We are aware that all reasonable precautions will be taken for the safety of our child.

.....

.....

Signature of parents/guardians

CONSENT FOR MEDICAL TREATMENT

I,, PARENT/GUARDIAN OF (FULL NAME AND SURNAME) cede my powers as parent/guardian to the principal of Bright Stars Academy, or her representative, should emergency medical/surgical treatment be required for my child. As far as I know my child is in a good state of health. In the event of my child requiring emergency medical treatment, I authorise Bright Stars Primary principal to consent on my behalf. I understand that in such an event every effort will be made to contact the parent or guardian of the child first.

I accept all reasonable precautions will be taken for the safety and well-being of my child and that I will be held responsible for paying any emergency medical and/or hospital accounts incurred on behalf of my child where applicable.

I also consent that my child may be transported to the nearest hospital or medical facility for medical attention, should the principal deem it necessary.

I do, however, request the responsible persons to note the following: (Any particulars in connection with the child's state of health: Allergies, epilepsy, or other conditions.).....

.....

.....

Signature of parent/guardian

Date

AGREEMENT

I agree to abide by the following school rules:

- Paying the school fees before the 3rd of each month and take note of late payment penalty fee.
- Paying late collection penalty fee
- School fees are payable over 12 months and no notice may be given in November.
- One month written notice when the child leaves the school.
- The school reserves the right to refuse my child entrance to the school should I fail to pay all fees on time.

Signed on the _____ day of _____ 20_____.

Signature of mother/guardian: _____

Signature of father/guardian: _____