OFFICE USE ONLY

SUNSHINE PRIVATE COLLEGE
STUDENT ENROLMENT FORM ~ 2027

GRADE **8**

COMPUTER GENERATED STUDENT NUMBER/ STUDENT ID														

No. 10 Cnr Atlas & Kupferberg St, Eros

P. O. Box 40529,
WINDHOEK

Tel: +264 61 402 442
Mobile: +264 81 650 9568

sunshinecollegereception@gmail.com

STUDENT INFORMATION

SURNAME:	
FIRST NAME:	
OTHER NAME/S (IF APPLICABLE)	
GENDER (TICK) MALE ☐ FEMALE ☐	BIRTH DATE (DD-MM-YYYY)_____/_____/_____
BIRTH CERTIFICATE NO.:	RELIGION (DENOMINATION)
ERF:	
STREET:	
SUBURB. :	
TELEPHONE NUMBER	MOBILE NUMBER

PREVIOUS SCHOOL	GRADE APPLIED FOR _____
IS THE CHILD TRANSFERRING?: YES ☐ NO ☐	IS THE CHILD REPEATING A GRADE?: YES ☐ NO ☐
DOES THE CHILD SPEAK ENGLISH?:	YES ☐ NO ☐
LIST OTHER FAMILY MEMBERS ATTENDING SUNSHINE PRIVATE COLLEGE (IF ANY):	
1.	GRADE:
2.	GRADE:

ADDITIONAL INFORMATION:

Subjects offered:

Promotional Subjects

1. English 1st Language
2. Afrikaans 2nd Language/French foreign Language
3. Mathematics
4. Accounting
5. Entrepreneurship
6. History
7. Geography
8. Physical Science
9. Life Science

Non Promotional Subjects

10. Computer Studies
11. Life Skills

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 _____	
SIGNATURES APPENDED IN ALL SECTIONS	☐ YES	☐ NO		

PLEASE NOTE: KINDLY ENSURE YOU PROVIDE FULL AND ACCURATE INFORMATION THAT IS UP TO DATE.

ATTACH PROOF OF RESIDENCE AND A CERTIFIED COPY OF YOUR I.D. TO THIS APPLICATION FORM

Person Responsible For Paying School Fees (tick) ☐ Father ☐ Mother ☐ Guardian

MAIN CONTACT INFORMATION

TITLE: MR. ☐ MRS ☐ PROF ☐ DR. ☐	
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:

ALTERNATIVE CONTACT/ NEXT OF KIN

TITLE: MR. ☐ MRS. ☐ PROF ☐ DR. ☐	
SURNAME:	
FIRST NAME/S:	
ID NUMBER:	
OCCUPATION:	
EMPLOYER:	
WORK ADDRESS:	
TELEPHONE WORK:	
MOBILE 1:	
MOBILE 2:	
EMAIL ADD:	

RESIDENTIAL ADDRESS:

POSTAL ADDRESS:

RELATIONSHIP OF NEXT OF KIN TO STUDENT (TICK)

☐ FATHER ☐ MOTHER ☐ STEP PARENT
☐ FOSTER PARENT ☐ HOST FAMILY ☐ FAMILY FRIEND
☐ OTHER(SPECIFY)

PRIMARY FAMILY EMERGENCY CONTACTS

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

	NAME	RELATIONSHIP *E.g. Neighbour, Relative, Friend or other*	TELEPHONE	HOME LANGUAGE
1.				
2.				
3.				
4.				

DEMOGRAPHIC DETAILS OF STUDENT

COUNTRY OF BIRTH:			
RESIDENTIAL STATUS:	☐ CITIZEN	☐ PERMANENT	☐ TEMPORARY
HOME LANGUAGE; (TICK)	☐ OSHIWAMBO	☐ OTJIHERERO	☐ AFRIKAANS
	☐ DAMARA/ NAMA	☐ OSHIKWANYAMA	☐ OSHINDONGA
	☐ KHOEKHOEGOWAB	☐ RUKWANGWALI	☐ FRENCH
	☐ PORTUGUESE	☐ ENGLISH	☐ KAVANGO
	☐ OTHER (SPECIFY)		

WHAT IS THE CHILD'S LIVING ARRANGEMENT (TICK ONE)

☐ AT HOME WITH BOTH PARENTS	☐ MOSTLY WITH ONE PARENT
☐ AT HOME WITH GUARDIAN	☐ ALWAYS WITH SINGLE PARENT

PREFERRED MODE OF TRANSPORT FOR CHILD

☐ 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*	☐ PHYSICAL DISABILITY

indemnity

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 authorize 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 Parent/ Guardian*_____*Sign*_____

STUDENT MEDICAL DETAILS

DOES THE CHILD SUFFER FROM ANY OF THE FOLLOWING MEDICAL CONDITIONS? (TICK)			
☐ HEARING	☐ SPEECH	☐ VISION	☐ MOBILITY

DOES THE CHILD SUFFER FROM ASTHMA?:	☐ YES	☐ NO
DOES THE CHILD HAVE ANY OTHER CONDITIONS BESIDES THE ABOVE?: IF YES, PLEASE SPECIFY:	☐ 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:	☐ YES	☐ NO
LOCATION OF DOCTOR'S PRACTICE: DOCTOR'S TELEPHONE NUMBER:		

SCHOOL UNIFORM (TICK BOX)

IT IS THE POLICY OF SUNSHINE PRIVATE COLLEGE THAT UNIFORM IS WORN BY ALL PUPILS. I AGREE TO ABIDE BY THE SCHOOL'S POLICY OF WEARING APPROPRIATE SCHOOL UNIFORM BY:
☐ ENSURING THAT MY CHILD WEARS SCHOOL UNIFORM EVERY DAY
☐ ENSURING THAT ALL UNIFORMS HAVE CLEAR NAME TAGS FOR EASY IDENTIFICATION WHEN LOST AND FOUND.

Terms and Conditions

1. Acceptance for enrolment will be determined after paying all the required amount in full. Which includes registration fees and the first instalment.
2. A testimonial letter and current school report from the previous school is a requirement for Grade 8.
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 2nd 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.
6. Registration fees are non-refundable.
7. First instalment is non-refundable and non-transferable.
8. To enroll, 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.
10. The student's report will only be provided if all arrears are settled.
11. Transfer letters will be issued only when outstanding fees have been settled.
12. 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 charged.
13. Students registered at SPC are required to participate in all fundraising activities organized by the School.
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 e-learning for which payment monthly or annually should be rendered.
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 is unable to refund or stop charging fees when a student is absent due to illness or injury or other emergency, unforeseen events or change in personal circumstances.
19. The school reserves the right to institute student's withdrawal including immediate withdrawal from the school for serious aggravated disciplinary or behavioral matters including continued misconduct 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.
20. In the event that a student is suspended fees shall continue to be paid and there will be no refund.
21. By enrolling to the school, parent/guardian 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.
22. 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.
23. Parents/guardians agree to notify the school of any allergies or medical conditions, dietary need or other medical conditions the student may have.
24. 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.
25. The school reserves the right to offer any content as their teaching and learning materials at any time.
26. The school reserves the right to offer the details of any published information at any time.
27. The school reserves the right to offer methods of payment it deems necessary at any time.
28. Parents/Guardians are liable to any damages caused by the student while at school.
29. 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.
30. Application will NOT be processed if information requested is not provided in full.
31. A child may be withdrawn from attending classes after 8 consecutive working days of non-attendance without a valid reason or notice. Parent(s) must inform or request for permission from the school in writing.

I have read and understood the terms and Conditions

Name: _____

Signature: _____ Date: _____

SCHOOL FEES

Very IMPORTANT, read carefully

1. Registration Fees N$1000.00
   (Non-Refundable)
2. Tuition (11 Months) N$34 100.00
   N$ 3100.00/ pm
   (Subject to increase in 2027)
3. School Dev Fund N$4400.00
   (11 months) N$400.00 pm
4. Total fees per month N$3500.00

- TOTAL FEES WHOLE YEAR N$38 500.00

Thank you for taking time to complete your child's enrollment form. We, at Sunshine Private College understand that the information you have provided is, PRIVATE and CONFIDENTIAL and will be treated as such. The information is only useful for enabling the school to properly enroll your child.

Enrolment Form
Sunshine Private College

I CERTIFY THAT THE INFORMATION CONTAINED WITHIN THIS FORM IS CORRECT

NAME OF PARENT_____

SIGNATURE_____

DATE_____

Enrolment Form