

Grade

OFFICE USE ONLY

Sunshine Private School

Student Enrolment Form ~ 2027

Computer Generated Student Number/ Student ID

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Namibia

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e-mail: accounts@sunshineprivateschool.com



STUDENT INFORMATION

Surname:																					
First Name:																					
Other Name/s (if applicable)																					
Gender (tick) ☐ Male ☐ Female	Birth Date (dd-mm-yyyy) ____ / ____ / ____																				
Birth certificate Number	Religion (denomination)																				
Home Address:																					
Street:																					
Suburb: Telephone																					
Number <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>											Mobile Number <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>										

Additional information: Previous

School/ kindergarten	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 School (if any):	
1.	Grade:
2.	Grade:

FOR OFFICE USE ONLY:

Child's Birth Certificate Copy Provided (tick)	☐ Yes ☐ No	Enrolment date : ____ / ____ / ____
Any 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

Parental Information

Person Responsible For Paying School Fees (tick)

☐

Father

☐

Mother

☐

Guardian

FATHER

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:

MOTHER

Title: ☐ Mrs ☐ 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:

Guardian Information

Complete this part ONLY if the 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)

☐ Relative

☐ Adoptive Parent

☐ Host Family

☐ Foster Parent

☐ Step- Parent

☐ Family Friend

☐ Other(specify)

Primary Family Emergency Contacts

Please Note: Primary family is: "the family or parent/sthe 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 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 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 School 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. Attestimonial letter and current school report from the previous school is a requirement, for Grades 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 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-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.
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 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.
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.
19. 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.
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.
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.
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 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.
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 _____ Date _____

SCHOOL FEES

Over 12 months

Grade 1 to 7 **N\$ 2178.00/pm**

Kindergarten **N\$ 1056.00/pm**

Babies **N\$ 1320.00/pm**

Annual levy **N\$ 450.00/ year**
(To be paid once-off in January)

Application Form **N\$ 100.00**

Interview Fee **N\$ 100.00**

Registration Fee **N\$ 500.00**

Stationery (onceoff) **N\$ 800.00**

NB: * An application will not be processed if requirements are not fulfilled.

*** School fees is subject to change.**

Enrolment Form

I certify that the information I have given in this form is true & correct

Name of parent: _____

Signature: _____

Date: _____

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, PRIVATE and CONFIDENTIAL and will be treated as such. The information is only useful for enabling the school to properly enrol your child.