

SHINING STARS ACADEMY

2025 Registration form



INFORMATION SUPPLIED ON THIS DOCUMENT WILL REMAIN CONFIDENTIAL

PERSONAL INFORMATION

Child's Name & Surname: _____ Date of Birth: _____

Child's ID Number: _____

Gender: _____ Home Language: _____ Religion: _____

Position in Family (1st, 2nd, only child) _____

Ages of siblings: _____

Details of Mother:

Details of Father:

Name:	Name:
I.D. Number:	I.D. Number:
Physical Address:	
Work Tel:	Work Tel:
Cell Phone:	Cell Phone:
Email Address:	Email Address:
Occupation:	Occupation:

MARITAL STATUS: Married ☐ Separated ☐ Divorced ☐ Widowed ☐ Single ☐

MEDICAL INFORMATION

Vaccinations:
Allergies:
Prior Illnesses:
Chronic Medication:
In case of emergency, which Parent should be contacted?
Alternative Contact Person in case of Emergency:

Please indicate :

PAYMENT OPTIONS:

Monthly EFT ☐

per Term ☐

Disclaimer

1. *As the parent(s) or guardian(s) of the applicant, I/we hereby acknowledge and agree to the following terms and conditions regarding the payment of school fees:*
2. *I/We understand that the timely payment of school fees is essential for the school's operations and the provision of quality education to our child.*
3. *I/We agree to pay the school fees as outlined in the school's fee schedule and in accordance with the payment deadlines.*
4. *In the event of non-payment of school fees by the due date, I/we understand that the school reserves the right to take appropriate action, which may include, but is not limited to, the engagement of a collections agency and the potential legal proceedings to recover the outstanding fees.*
5. *I/We acknowledge that failure to fulfill our financial obligations may result in additional costs, including but not limited to, interest on overdue amounts, collection fees, and legal expenses.*
6. *I/We commit to promptly communicate with the school's administration should there be any difficulties or unforeseen circumstances impacting our ability to pay the fees on time, in order to explore potential arrangements.*
7. *By signing below, I/we confirm that I/we have read, understood, and agree to the terms and conditions outlined above.*
8. *Parent/Guardian Name(s):* _____

Signature(s): _____
9. *Date:* _____

Signed at _____ on _____
(place) (date)

Banking details: Z. KAJEE
FNB, Cheque Account Number: 62083357121

Contact: ZAHEERA KAJEE
0828403320

FORMS REQUIRED FOR ENROLMENT		checklist (for office use only)
Copy of child's Birth certificate		
Copy of parent's ID		
Signed copy of registration form		
Proof of residence		