

BOKAMOSO STARS ACADEMY

EMIS NO: 700401103

06 Main Avenue

Riviera

Johannesburg

2193

Email: info@bsacademy.co.za**011 486 4322/0678606761***Best foundation for developing excellence***APPLICATION FOR ADMISSION: 2022**

Name and Surname of applicant student	Grade and School year

Requirements for Application

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 (Immigrant learners)
 - ✓ Birth Certificate of the applicant
 - ✓ Immunisation card of the applicant
 - ✓ Latest School report of applicant
2. A passport size photograph of applicant (Learner)
3. A non-refundable registration fee of R600 and levy fee of R200

For Office Use Only

For Office Use Only			
Date of application received:		Received By:	
Parents ID/ Passport			
Learners Birth Certificate			
Immunization Card			
Report/ Transfer report			
Photo			
Registration Fee			
Decision (Accept/ Accept with condition/ Reject) Signed and Dated by Principal			

APPLICATION FOR ADMISSION

YEAR APPLIED FOR: _____

Accession No (Office use):

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PLEASE NOTE: AN ENTRANCE TEST DOES NOT GUARANTEE A PLACEMENT IN OUR SCHOOL. This form must be completed in full. All changes to be initialled or signed by parent / guardian. Completing the form does not necessarily mean that the learner has been accepted into the school. **PLEASE PRINT CLEARLY**

Section 1: LEARNER DETAILS:												
Grade Applied for:						Highest Grade Passed:						
Surname:						Initials:						
First Name:						Other Names:						
Date of Birth: YYYY			MM		DD	Gender:			Male:		Female:	
Identification/Passport No:												
Citizenship:						Right-handed <input type="checkbox"/>			Left-handed: <input type="checkbox"/>			
Home Language:						Religion:						
Physical Address (Residential): Street/Flat Number: Street Name: Suburb: Code:										Learner Cell No:		
Home Telephone No:						Emergency Telephone No:						
Mother deceased – write yes or no:						Father deceased – write yes or no:						

Section 2: PREVIOUS SCHOOL INFORMATION (Please provide [original] latest school report)	
Name of Previous School:	
Telephone Number:	Email Address:

Section 3: LEARNER MEDICAL INFORMATION	
Medical Aid Number:	Medical Aid Name:
Medical Aid Main Member:	
Doctor's Name:	Doctor's Telephone Number:
Medical Condition:	

Section 4: THE FOLLOWING DOCUMENTS MUST ACCOMPANY THE APPLICATION FORM:	
Original documents required. Please keep a copy for your records (note: we do not make copies at our office)	
	OFFICE USE ONLY
<ul style="list-style-type: none"> • Certified copy of Birth Certificate • Certified copy of Passport & Study Permit/Visa / Permanent Residence or other immigration document (to be compliant with immigration status) • Previous year school report • Copy of Immunisation card of the learner(Grade 1-3) • Identity-size photo of learner • Applicants to prove affordability of fees • Proof of income of person/s responsible for payment (i.e. current salary advice OR 3 x months bank statements [i.e. if you are self-employed]) • IDs (or Passport) of person/s responsible for payment • Proof of Residence (current, not older than 3 months) 	

PLEASE PRINT CLEARLY

Section 5: SIBLINGS (Please indicate details of any siblings in our school)
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Full Name:	Grade:	
Full Name:	Grade:	
Full Name:	Grade:	

Section 6: PARENT / GUARDIAN INFORMATION											
Surname of FATHER :						First Names					
Occupation/employer:						Monthly Salary (NETT):					
Marital Status:						Home Language:					
Tel: Work				Tel: Home				Tel: Cell			
Email Address: PRINT CLEARLY											
Identification No / Passport No:						Account Payer: Yes No					
Physical Address (Residential): Street/Flat Number: Street Name: Suburb: Code:						Postal Address: Box No: Suburb: Code:					

Surname of MOTHER :						First Names					
Occupation:						Monthly Salary (NETT):					
Marital Status:						Home Language:					
Tel: Work				Tel: Home				Tel: Cell			
Email Address: PRINT CLEARLY											
Identification No / Passport No:						Account Payer: Yes No					
Physical Address (Residential): Street/Flat Number: Street Name: Suburb: Code:						Postal Address: Box No: Suburb: Code:					

Section 7: DETAILS OF NEXT OF KIN OF LEARNER (Other than immediate family) – in case of emergency												
Full Names:												
Telephone:	Work:				Home:				Cell:			

HOW DID YOU HEAR ABOUT US?

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 Bokamoso 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 Bokamoso Stars Academy. We are aware that all reasonable precautions will be taken for the safety of our child.

Signature of Parent/Guardian

Date

Consent for Medical Treatments

I, _____, Parents/Guardians of _____
(Full name & surname) cede my powers as parent/guardian to the principal of Bokamoso Stars Academy, or her representative, should emergency medical/surgical treatment be required for my child. As far as I know my child is in good state of health. In the event of my child requiring emergency medical treatment, I authorise Bokamoso Stars Academy 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 first child.
I accept all the reasonable precautions will be taken for the safety and wellbeing 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 person to note the following: (any particulars in connection with the child's state of health: allergies, epilepsy, or other condition).

Agreement

I agree to abide by the following school rules:

- ✓ Paying the school fees before the 2nd of each month and take note of late payment penalty fees
- ✓ Paying late collection fee or after care fees
- ✓ School fees payable over 12 months and no notice maybe 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.

I hereby declare that to the best of my knowledge, the above information as supplied is accurate and correct.

Name of Parent / Guardian (PLEASE PRINT): _____

Signature of Parent / Guardian: _____

Date:/...../.....