RISING STARS ACADEMY

APPLICATION GRADE 1 - 12

"We learn to love to learn"

Important information for enrolment for: Grade 1 - Grade 12

Dear prospective parents/guardians

It is our pleasure to make this application package for admission to our school available to you.

STEP 1: Complete the application form in full, sign and attach all the necessary documentation.
Submit the forms from the Application package to the enrolment officer at the school.
Parents must attach proof of online application on submission.
Enrolment will **ONLY** be considered once all necessary documentation has been received.
Forms can be collected and submitted between 08:00 and 14:00, from the school Mondays to Fridays.

STEP 2: Come in to the school and receive a guided tour of the campus.
Successful parents will be notified via email/telephone or verbal communication.
You will be invited to a compulsory meet and greet with the Principal.
Unsuccessful applicants will be notified via email/telephone/verbal communication.

FINANCIAL OBLIGATION:

Rising Stars Academy is a fee-paying school. School fees are determined by the Board of Trustees each year. At present the fees are due and payable on the 1st of every month for the month in advance. A concession is granted by the Board of Trustees if the fees are paid for 12 months in full by means of EFT, cash or debit/credit card. Payment of school fees is further subject to the School fee collection policy. ***New enrolments are requested to pay the non-refundable deposit and the first school fee upon*** **ACCEPTANCE** ***of enrolment***.

Parents' evenings will take place within the first three to four weeks of the new term. All relevant information regarding the operational functioning of the school and parent responsibilities will be discussed during these meetings.

We trust that your child's school career at Rising Stars Academy will be a happy and educationally stimulating one. Please be assured of a friendly reception, should you wish to discuss any further matters with us.

Kind Regards

PRINCIPAL
RISING STARS ACADEMY
Pre-Primary, Primary & High School

COMPULSORY DOCUMENTATION REQUIRED FOR YOUR APPLICATION.

Please complete the application form in full. Please return to the admissions office between 08:00 and 14:00 Monday to Friday.

IMPORTANT:

Attach the following documentation when submitting your application form.
Incomplete or failure to supply all documentation will result in an unsuccessful application.

COPIES OF THE FOLLOWING DOCUMENTATION REQUIRED		Tick if attached
CHILD'S UNABRIDGED BIRTH CERTIFICATE	Please note this is not the standard birth certificate. If you do not have an unabridged certificate can be obtained from the Department of Home Affairs. An abridged certificate will only be accepted with a receipt from Home Affairs confirming that the parent has applied for the unabridged certificate.	
CLINIC CARD (Grade 1 learners)	If a clinic card cannot be produced the applicant must report to the nearest clinic for immunization or get a doctor's letter confirming that immunizations are up to date.	
PROOF OF ADDRESS	Municipal accounts, signed leases or purchase contract from an estate agent valid for at least one (1) year (on date of submission) will be accepted.	
RESIDE PRIVATELY	Submit the owner's certified proof of address. Certified ID document and an affidavit confirming your tenancy.	
PARENTS	Both biological parents' ID documents or passports (Copies)	
REPORT GRADE 1	Latest school report from Pre-Primary School. All successful Grade 1 applicants are subject to the submission of the June school report.	
REPORT GRADE 2 - 12	If applying at the end of term half way through, the learner's full academic history must be provided. (Latest school report from previous school)	
TRANSFER DOCUMENT	A transfer document is required if a learner comes from another school. This document must be handed in on or before the first day of school.	

(Please mark boxes with X)

IMPORTANT DOCUMENTATION FOR IMMIGRANTS, FOSTER PARENTS & GUARDIANS

NON - SA CITIZENS	A valid study permit issued by the Department of Home Affairs for foreign learners.	
FOSTER PARENTS	Section 159 as stipulated in the Children's Act 38 of 2005. Letter from registered Social worker.	
GUARDIANSHIP	Court documents as well as the guardian's ID documents,	

(Please mark boxes with X)

ATTACHED FORMS THAT PARENTS MUST SIGN ON SUBMISSION:

A completed Application form
General consent form
The undertaking on admission
Statutory obligation notice

"NON-REFUNDABLE REGISTRATION FEE OF R3 000,00 AND THE FIRST MONTHLY SCHOOL FEE ARE PAYABLE WITH SUBMISSION OF FORMS."

SCHOOL TRADING HOURS

FULL DAY *Mon to Fri 06:30 to 18:00*

HALF DAY *Mon to Fri 06:30 to 14:30*

APPLICATION FORM

Personal Information

FOR OFFICE USE ONLY

Admitted to Grade	Date of Admission	CEMIS NUMBER	Profile Request	Profile Received

Complete sections A, B & C. Failure to complete all sections will result in the application being declined

SECTION A

LEARNER INFORMATION

Surname_____

Full Name/s_____

Name by which learner is called_____

Gender: **Male / Female** *(Please circle)* **Date of Birth**_____

Tuition language: **English / Afrikaans** *(Please circle)* **ID Number**_____ *(Passport/Permit number)*

Current Grade_____ **Home Language**_____

Preferred Language_____ **Certificate language** **English / Afrikaans** *(Please circle)*

Nationality_____ **CEMIS Number**_____

Name of previous school_____

Previous Province_____

DISABILITY	Deaf	Blind	Hard of hearing	Partially sighted	None	Epilepsy	Specialised Psychiatric Support

(Please tick the relevant box) .

Other _____

_____

	Name and Surname	Grade
Brothers and sisters **(not cousins)** **currently** in Rising Stars Academy	1._____ 2._____ 3._____ 4.	_____ _____ _____

SECTION B

INFORMATION REGARDING PARENT(S), ADOPTIVE PARENT(S) OR GUARDIAN(S)

Please note that the school liaises with the biological parent/s *(stepfather/-mother, guardian or sponsor)* with whom the child resides. This parent is considered as the "main parent" and will receive all correspondence *(postal, electronic or telephonic)*. Unfortunately no duplicate copies of documents, reports etc will be provided to other parties. As the Principal acts in **loco parentis** during school hours, we also need your partner's details if you are living together.

TITLE	DETAILS OF FATHER Mr/Mrs/Ms/Dr/Prof/Rev	DETAILS OF MOTHER Mr/Mrs/Ms/Dr/Prof/Rev
RELATIONSHIP TO LEARNER		
INITIALS		
FULL NAMES ID/PASSPORT		
SURNAME ID/PASSPORT		
RESIDENTIAL ADDRESS	 POSTAL CODE:	 POSTAL CODE:
OCCUPATION		
EMPLOYER		
TELEPHONE WORK		
TELEPHONE HOME		
CELLPHONE		
EMAIL ADDRESS WORK	 *(Clearly printed in block letters)*	 *(Clearly printed in block letters)*
EMAIL ADDRESS HOME	 *(Clearly printed in block letters)*	 *(Clearly printed in block letters)*
ID NUMBER		
PASSPORT NUMBER		
MARITAL STATUS		

I promise and agree that all information provided herein is correct and true.

_____ _____

Signature Parent/Guardian Signature Parent/Guardian

SECTION C

MEDICAL INFORMATION

Compulsory for **PARENT/GUARDIAN** to complete

ALLERGIES (e.g. Bees, Nuts, Fish, etc) Please indicate extreme cases and the necessary medication to be taken		**MEDICATION:**
OPERATION/S that the learner has had Give the nature of the operation/s.		
DOCTOR'S NAME(Practice) or Clinic		
DOCTOR'S/CLINIC telephone No		
EMERGENCY CONTACT **FULL NAME** (Other than parent in case of emergency)		
EMERGENCY CONTACT **NUMBER**		
BLOOD GROUP		
MEDICAL AID **NAME**		
MEDICAL AID **NUMBER**		

INDICATE the illness/es that the learner has had. *(Please mark with X)*

Measles	
German Measles	
Whooping cough	
Chicken-pox	
Mumps	
Other	

INDICATE illness/es that the learner has been immunized against. *(Please mark with X)*

Tuberculosis (B.C.G.)	
Diphtheria	
Whooping cough	
Tetanus	
Measles	

N.B. All learners should have been immunized against all the above illnesses before school attendance. Immunization against poliomyelitis and Tuberculosis (B.C.G.) is legally compulsory. Written evidence of immunization against poliomyelitis and Tuberculosis (B.C.G.) is required when a learner is admitted to a school of the Western Cape Education Department for the first time.

PERSON/S AUTHORIZED TO COLLECT THE LEARNER FROM SCHOOL

SURNAME		
NAME		
CONTACT NUMBER		
RELATIONSHIP		

I, the undersigned, understand that the school reserves the right to verify all information supplied to them via this application. In the event of fraudulent documents, the school reserves the right to lay criminal charges of fraud against any parties to this application. **Signature:**_____ **Name:**_____

UNDERTAKING ON ADMISSION

I/We the parent(s) or legal guardian(s) of _____ Grade_____

(Full name and surname of learner)

hereby **CONFIRM** and **UNDERTAKE** that he/she and I/we:

1. Support the school as partner in the educational process and will co-operate with the school/teacher and Principal for the full duration of the learner's association with Rising Stars Academy and its Board of Trustees,
2. Will comply, accept and acknowledge the following policies as set out by the Board of Trustees of Rising Stars Academy and which form part of the School Prospectus. It is available on the school's website at www.risingstarsacademy.co.za or in hard copy on request.
   - The code of conduct and School Rules
   - Admission Policy
   - The Academic and Homework Policy
   - Attendance Policy
3. Undertake to reimburse the school for any damage to school property that may be caused by the learner.
4. Understand that while every reasonable effort is made to prevent losses or damage to the learner's clothing and equipment, the school cannot be held liable in any such event.
5. Undertake to give written notice of any intention to remove the learner from the school and furthermore, to return any books and/or equipment belonging to the school which the learner may have in his/her possession and ensure that the school fees account is settled in full before leaving.
6. Undertake to ensure that the learner is punctual at the beginning of each day and is collected on time at the end of each school day.
7. Understand that the school reserves the right to verify all information supplied to them via this application. In the event of fraudulent documents submitted, the school reserves the right to lay criminal charges of fraud against any of the parties to this application.
8. Accept responsibility for immunizing the learner against contagious diseases and produce proof thereof if required to do so.
9. Undertake to inform the educator of the learner's absence from school and produce a doctor's certificate when required,
10. Undertake that Rising Stars Academy and its Board of Trustees reserve the right in its sole discretion to amend and/or alter any provisions of the Code of Conduct, School Rules, Discipline Policy, Homework Policy and Admission Policy.
11. Understand that the Principal or his/her authorized and dedicated agent is authorized and empowered to perform and act in loco parentis when my specific authority cannot reasonably be sought or obtained in time.
12. Agree to inform the school in writing of any change of address, email address or cell phone numbers.
13. Confirm that all forms have been completed accurately and that all information supplied is true. I further understand that my child's admission to the school is dependent on the fact that the address provided on this application is the family's permanent address and not a business address, or that of another family member.
14. I undertake that I am responsible for the school fee monthly account and I agree to ensure that the payment of the school fee monthly account will be paid by the first (1st) of every month, for the month in advance. Failure to comply with payment of fees can lead to the learner being deregistered by the school.
15. Agree that the school has the right to take further action against non-payment of school fee account which may result in the learner suffering due to suspension of services or (depending on situation) expulsion from Rising Stars Academy.
16. This agreement, acknowledgement and commitment in its entirety will be valid from the day on which it is signed by the legal parent/guardian to the day on which the learner officially leaves the school.

I, legal parent/guardian _____(full name and surname) as legal parent/ guardian hereby undertake, understand, comply with and fully agree to the above mentioned understanding, acceptances and policies, as set out by the Board of Trustees of Rising Stars Academy and S.A. Schools Act. Signature Parent/Guardian_____ Date_____

GENERAL CONSENT FORM

It is widely recognized that attendance at school or any school activity, including participation in excursions, games, sporting or other activity at or through the school, and including the use of transport arranged by the school, may entail risks for a learner. Such risks are part and parcel of life and education.

Acknowledging the foregoing I,_____*(Full names of parent/guardian)* parent and/or legal guardian of the under-mentioned, over whom I have custody and control, hereby consent to my son/daughter *(Full names)*_____participating in the various activities *(including sports activities, games, camps and educational and recreational activities and outings)* arranged, organised or offered by the school, and, where relevant, to his/her being transported to and from the said activities by means of transport made available by the school for that purpose.

I further agree that such participation or use shall be at the risk of the learner and his/her parent/guardian. Insofar as every reasonable and practicable precaution is taken for the safety and welfare of my son/daughter and for the care of his/her possessions, I hold blameless all other persons, Rising Stars Academy and all organisations associated with the activity, should any prejudice, loss, damage, illness or injury occur to my son/daughter during the above activity, consequent upon my having given permission for his/her participation in the activity.

This includes a waiver against my claiming for recovery of costs resulting from theft, damage, loss and/or medical conditions or hospitalisation, unless such loss is caused by the negligence, wilfulness or deliberate act of the School or one or more of its employees.

I furthermore appoint the school staff accompanying the tour or group, or supervising the activity, to act in ***Loco Parentis*** in respect of my son/daughter should the need arise, and where it is deemed by them to be necessary to do so, to take such steps as the school deems reasonable in the event of the learner becoming ill, being injured, or for any reason requiring medical attention.

RELEVANT INFORMATION CONCERNING YOUR SON'S/DAUGHTER'S CONDITIONS/CIRCUMSTANCES

Does your son/daughter have any medical condition or allergy of which the teachers accompanying the group need to be aware of?

YES **NO**

If so, please provide details:_____

_____

Should medication/hospitalisation be necessary please indicate (if applicable)

Name of your Medical Aid Society_____

Medical Aid No_____ Name of principal member_____

Contact details of Medical Practitioner to be contacted for medical history if necessary

_____

EMERGENCY CONTACT TELEPHONE NUMBERS

TELEPHONE: Work_____ Home_____ Cell_____

_____ _____ _____

Signature Parent/Guardian Signature Witness Date

RISING STARS ACADEMY

"We Learn to Love to Learn"

STATUTORY OBLIGATION NOTICE

Kindly note that all parents/guardians need to complete this form in full and in print

Rising Stars Academy
("the school") and

FATHER	MOTHER	GUARDIAN

(Please print your name clearly in full)

Learner's name in full	
Grade applied for	

1. Definitions: In this obligation, the following words and expressions shall have the meaning hereby assigned to them, unless the context or text indicates otherwise:

1.1 ***"the Act"*** *means the South African Schools Act 84 of 1996, and all regulations promulgated under it*

1.2 **"the parent"** means; the parent or guardian of a learner, the person legally entitled to the custody of a learner or the person who undertakes the obligations of a person referred to, towards the learner's education at school.

1.3 ***"School fees"*** *means school fees contemplated in Section 39 and includes any form of contribution of a monetary nature made or paid by a person or body in relation to the attendance or participation by a learner in any programme of a public/private school.*

1.4 **"the Capital sum"** means the School fees in full per annum with any further cost or damages but not limited to all the legal cost, including attorney/client fees and collection cost that may occur.

1.5 ***"BOT"*** *means a meeting of the School Board of Trustees in terms of the Act*

2. With regard to School Fees payable under the Act, I/we hereby jointly and severally consent and acknowledge to the terms and conditions set out herein below that regulate and govern the liquidation and repayment of all monies due, owing and payable to the School.

3. Annual School fees

3.1 The annual school fee will be a compulsory sum for 2026 that will be determined by the Board of Trustees. Such amount shall escalate for every consecutive year.

3.2 School fees are payable on the first (1st) of every month for the month in advance,

3.3 In terms of law, the biological parents are jointly liable for the payment of school fees irrespective of marital status.

The parent chooses as its domicilium citandi et executandi for all this including the giving of any notice:

FULL NAME & SURNAME	FATHER	MOTHER	GUARDIAN
PHYSICAL ADDRESS *(Remember to keep this updated with the school when changes are made)*	_____ _____ _____	_____ _____ _____	_____ _____ _____
EMAIL ADDRESS	_____	_____	_____
CONTACT NUMBER			

(this email address will also be added to our database that has been created to keep communication with parents by sending weekly/monthly newsletters)

The parent shall be entitled to change their ***domicilium citandi et executandi*** to any address in the Republic of South Africa, provided that any notice of change of such an address shall be given in writing and shall be delivered or sent by prepaid registered post or by hand by the parent to the school.

3.4 Any notice or process addressed by the School to the parent shall be deemed to have been received by the Parent;

3.4.1 on the date of delivery thereof if delivered by hand to the parent; or

3.4.2 seven (7) days after posting thereof (including the date of posting) if posted by registered post,

3.5 Without derogating from the foregoing, a notice actually received by the Debtor shall constitute proper delivery even if not delivered in terms of the foregoing.

3.6 In the event of non-payment and on demand of the Act, the Parent then acknowledges being truly and lawfully indebted to the school for the capital sum.

3.7 In terms of the Act, the School may enforce the payment of fees.

3.8 The Parent hereby consents that all confidential information relating to him/her, may be used for the processing to enter in a down payment agreement, the future administration of that agreement, collection, including: tracing, research, recordable (over and above the School's operations), transmission, distribution, storage, organisation updating, modification, disposition, making available in any form, and product designed by the school, or any person acting as the agent and/or credit grantors.

3.9 The parent consents that the School may at its sole discretion, for purposes of conducting an affordability enquiry and/or updating the School's records, obtain from and disclose to, a third party (included but not limited to a credit bureau), any employee or agent of the School, the parent's credit record, payment history, loans record and current loan status, including the confidential information obtained in the course of negotiating and concluded.

3.10 Should it come to the School's attention that the Parent has failed or neglected to fulfil such obligation, the School shall be entitled to instruct a tracing agent to ascertain such information and the Parent shall be liable to pay for the tracing fee. Furthermore, the School may record the Parent's non-performance with the credit information bureau.

3.11 Should there be a dispute on your statement of account please notify the financial office in writing.

3.12 This commitment does not fall under the National Credit Act. The School thus follows this legal framework in handling credit and consumers.

3.13 In terms of the Act the debt is a statutory requirement and this debt is priority debt and must be paid before any other debt. This debt may not be referred to any debt counsellor.

4. In this obligation a reference to:

4.1 Any particular gender shall include the other two genders

4.2 the singular shall include the plural and vice versa; and

4.3 natural person shall include a juristic person (whether a corporate or unincorporated created entity) or vice versa.

5. I/We undertake to give one full term's notice, in writing, of any intention to remove my/our children from the school and furthermore to return any books and/or equipment belonging to the school which a child may have.

6. In the event of fraudulent documents submitted, the School reserves the right to lay a criminal charge of fraud against any of the parties to this application.

7. This commitment in this entirety will be valid from the day on which it is signed by the Parent or guardian to the day on which the pupil officially leaves the school,

8. No alteration, variation, amendment or purported consensual cancellation of this Acknowledgement or any deletion therefrom shall be of any force or effect unless reduced to writing and signed by or on behalf of the Parent and the Creditor.

9. Should any provisions or portion of this Agreement be unenforceable by law, void, or voidable, such provision shall be severable from the remaining provisions hereof which shall remain in full force and effect.

10. I/We hereby declare that I/we are the only known parent(s) to the learner.

THUS DONE AND SIGNED AT_____ON THIS_____ DAY OF_____IN THE YEAR 20_____

FATHER:	Print name and surname_____
	Signature in full_____
	ID Number_____
	Relationship to learner

MOTHER:	Print name and surname_____
	Signature in full_____
	ID Number_____
	Relationship to learner

FOR RISING STARS ACADEMY

WITNESS:	Print name and surname_____
	Signature in full_____
	Contact telephone number

BANKING DETAILS

Bank:	Capitec Business Banking
ACC Holder:	Sharp Move Trading 70 Pty
ACC No:	**1050626966**
Branch Code:	**450 105**
Reference:	Your child/children's name & surname.