



PLEASE COMPLETE THIS FORM FULLY AND RETURN IT WITH THE FOLLOWING:

PASSPORT PHOTO

- A certified copy of pupil's birth certificate
- Certified copies of both parents' Identification documents
- N\$ 50 non-refundable Application fee
- N\$ 1100 non-refundable Registration fee (yearly)
- Proof of residence (municipality bill)

**STUDENT INFORMATION**

SURNAME: \_\_\_\_\_ MIDDLE NAME(S) \_\_\_\_\_

FIRST NAMES: \_\_\_\_\_ PREFERRED NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ AGE: \_\_\_\_\_ GRADE ENROLLED FOR: \_\_\_\_\_ YEAR: \_\_\_\_\_

HOME LANGUAGE: \_\_\_\_\_ OTHER LANGUAGES: \_\_\_\_\_

CITIZENSHIP: \_\_\_\_\_

STUDENT'S CELL NO.: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

**MEDICAL INFORMATION**

DOCTOR'S NAME: \_\_\_\_\_ DOCTOR'S TELEPHONE: \_\_\_\_\_

Physical disabilities	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Allergies	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Chronic diseases	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Occupational Therapy	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Speech Therapy	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Remedial Therapy	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Any define syndrome, eg. Dyselexia etc	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Has your child ever repeated a grade?	<input type="checkbox"/> Yes	<input type="checkbox"/> No			

If Yes to any of the above, kindly give full details, along with any other useful information about your child: (Attached relevant reports)



**GRADE 8 & 9 SUBJECT CHOICE**

Compulsory promotional subjects:

1. English 1st Language	<input type="checkbox"/>
2. Afrikaans	<input type="checkbox"/>
3. Mathematics	<input type="checkbox"/>
4. Life Science	<input type="checkbox"/>
5. Design & Technology	<input type="checkbox"/>
6. Geography	<input type="checkbox"/>
7. History	<input type="checkbox"/>
8. Physical Science	<input type="checkbox"/>
9. Bible Studies	<input type="checkbox"/>

Elective subjects:

10. Computer Studies	<input type="checkbox"/>
11. Entrepreneurship	<input type="checkbox"/>
12. Accounting	<input type="checkbox"/>

Non-academic Compulsory subjects:

13. Physical Education	<input type="checkbox"/>
14. Life Skills	<input type="checkbox"/>
15. Music	<input type="checkbox"/>

**POSSIBLE FIELDS OF STUDY:**

Natural Sciences & Mathematics	1. Nsm 1 2. Nsm 3 3. Nsm 5	Life Science, Physical Science. Mathematics Physical Science, Computer Studies & Mathematics Physical Science, Mathematics, Geography
Social Sciences	4. Ss 3	Mathematics, History, Geography
Technology	5. T1	Design & Technolgy, Mathematics, Physical Science
Commerce	6. C1 7. C3	Accounting, Entrepreneurship And Mathematics Accounting, Economics And Mathematics

NB: You must have 10 subjects in total

**EXTRA-CURRICULAR ACTIVITIES**

PLEASE CHOOSE ONE ACTIVITY FROM EACH SECTION.

Summer Sports:

1. Athletics	<input type="checkbox"/>
2. Tennis	<input type="checkbox"/>
3. Softball	<input type="checkbox"/>
4. Swimming	<input type="checkbox"/>
5. Gymnastics	<input type="checkbox"/>

Winter Sports:

6. Netball	<input type="checkbox"/>
7. Soccer	<input type="checkbox"/>
8. Hockey	<input type="checkbox"/>
9. Volleyball	<input type="checkbox"/>
10. Gymnastic	<input type="checkbox"/>

Culture:

11. School band	<input type="checkbox"/>
12. Music Instruments	<input type="checkbox"/>
13. Public Speaking & Debating	<input type="checkbox"/>
14. Drama	<input type="checkbox"/>



PREVIOUS SCHOOL INFORMATION

LAST SCHOOL ATTENDED: \_\_\_\_\_

GRADE COMPLETED: \_\_\_\_\_ CITY/TOWN \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

FATHER/GUARDIAN INFORMATION

FATHER'S SURNAME: \_\_\_\_\_ NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_ I.D/PASSPORT NO: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

POSTAL ADDRESS: \_\_\_\_\_

TELEPHONE (HOME): \_\_\_\_\_ WORK: \_\_\_\_\_ CELL: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

MARITAL STATUS:  SINGLE  MARRIED  DIVORCED  E STRANGED  WIDOWED

EMPLOYER: \_\_\_\_\_ DESIGNATION: \_\_\_\_\_

RELIGION: \_\_\_\_\_ DENOMINATION: \_\_\_\_\_

MOTHER/GUARDIAN INFORMATION

MOTHER'S SURNAME: \_\_\_\_\_ NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_ I.D/PASSPORT NO: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

POSTAL ADDRESS: \_\_\_\_\_

TELEPHONE (HOME): \_\_\_\_\_ WORK: \_\_\_\_\_ CELL: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

MARITAL STATUS:  SINGLE  MARRIED  DIVORCED  E STRANGED  WIDOWED

EMPLOYER: \_\_\_\_\_ DESIGNATION: \_\_\_\_\_

RELIGION: \_\_\_\_\_ DENOMINATION: \_\_\_\_\_



**DETAILS OF PERSON RESPONSIBLE FOR FEES**

NAMES: \_\_\_\_\_ I.D/PASSPORT NUMBER \_\_\_\_\_

TELEPHONE (HOME): \_\_\_\_\_ WORK: \_\_\_\_\_ CELL: \_\_\_\_\_

RESIDENTIAL ADDRESS: \_\_\_\_\_

**PLEASE PROVIDE US WITH 2 CREDIT/ACCOUNT REFERENCES**

COMPANY: \_\_\_\_\_ ACCOUNT NO. \_\_\_\_\_

COMPANY'S CONTACT NO. \_\_\_\_\_

COMPANY: \_\_\_\_\_ ACCOUNT NO. \_\_\_\_\_

COMPANY'S CONTACT NO. \_\_\_\_\_

I \_\_\_\_\_ accept the responsibility for all the financial Obligations and understand that failure to pay by the end of every month will automatically result in being handed over to debt collector/lawyers and also accept that no refunds will be given to me on school fees paid upfront if fail to give one month's notice should I decide to take my child to another school. I will be liable for all legal costs.

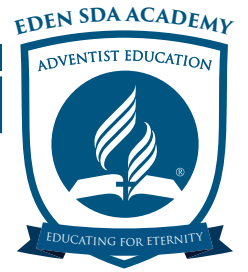
**IN CASE OF EMERGENCY:**

Name and contact number of a family/friend to be contacted in emergencies when parents are not available:

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

COMPANY: \_\_\_\_\_ WORK NO. \_\_\_\_\_

CELL NO. \_\_\_\_\_



**PLEASE TAKE NOTE OF THE FOLLOWING:**

1. Our school uniform can be purchased at Boundary Wholesales corner of Dalton & Planck Street in Southern Industry (Tel. 061-220342). Detailed information can be obtained from the School Code of Code.
2. Should i/We intend to withdraw my/our child(ren) from the school, I/we need to give at least 1 month's written notice to the school. If I/we do not comply with this agreement, I/we be kept liable for additional charges for the final month.
3. No-Namibians to apply for study permit with the Ministry of Home Affairs
4. NO REFUNDS ON REGISTRATION AND TUITION FEES
5. I/we will be obliged to sign the school oath as well as an annual indemnity form to allow my/our child/ren to go on school outings

**WE/I HEREBY CONFIRM THAT THE ABOVE MENTIONED INFORMATION IS CORRECT:**

Signed at Windhoek this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

Father/Guardian: \_\_\_\_\_ Mother/Guardian: \_\_\_\_\_

**OFFICIAL USE ONLY:**

1. Information Verification: Completed Form	<input type="checkbox"/>
2. Certified Document: three Copies of Birth Certificate	<input type="checkbox"/>
3. Intake Test Paid & Written	<input type="checkbox"/>
4. English Results	<input type="checkbox"/>
5. Mathematics	<input type="checkbox"/>

6. Intake Interviews: Parent/s & Learner/s	<input type="checkbox"/>
6.1. Intake Test Results To Parents/Guardians	<input type="checkbox"/>
6.2. Registration Fees Paid	<input type="checkbox"/>
6.3. Educational Contract	<input type="checkbox"/>
7. Uploaded On Management System	<input type="checkbox"/>
6. Class Allocation	<input type="checkbox"/>
7. Parent Orientation	<input type="checkbox"/>