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EDEN SDA ACADEMY

ADVENTIST EDUCATION



EDUCATING FOR ETERNITY



Kindergarten Application Form

Years: _____

Part One-1

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\$ 300 non-refundable Registration fee (yearly)
- Proof of residence (municipality bill)

DETAILS OF PUPIL

SURNAME: _____

FIRST NAMES: _____

DATE OF BIRTH: _____ HOME LANGUAGE: _____

OTHER LANGUAGES: _____

PREVIOUS SCHOOL (IF ANY): _____

NAME/S OF SIBLING/S AT OUR SCHOOL : _____

: _____

: _____

MEDICAL INFORMATION

DOCTOR'S NAME: _____ DOCTOR'S TELEPHONE NO: _____

ANY ALLERGIES OR DISABILITY OF YOUR CHILD: _____

IS THERE ANY OTHER INFORMATION ABOUT YOUR CHILD THAT THE SCHOOL/STAFF SHOULD BE AWARE OF?

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Part Two-2

PARENT/(S) OR GUARDIANS DETAILS

FATHER'S FULL NAME: _____

PASSPORT NO: _____ OR I.D.: _____

MOTHER'S FULL NAME: _____

PASSPORT NO: _____ OR I.D.: _____

GUARDIAN'S FULL NAME: _____

PASSPORT NO: _____ OR I.D.: _____

RESIDENTIAL ADDRESS: _____

CONTACT NUMBER (AT HOME): _____ (AT WORK): _____

CELL NO. (FATHER): _____ CELL NO. (MOTHER): _____

ACCOUNT HOLDER NAME: _____

POSTAL ADDRESS: _____

EMAIL ADDRESS: _____

EMPLOYMENT DETAILS

FATHER: _____

MOTHER: _____

GUARDIAN: _____

DENOMINATION: _____

You will also have to sign a Contractual Agreement and an Indemnity form.

SIGNATURE: _____ DATE: _____

(PARENT/S OR GUARDIAN/S)

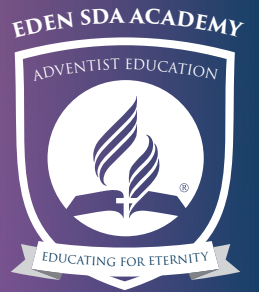
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Kindergarten Application Form

Years: _____

Part Three-3

CONTRACTUAL AGREEMENT ON ACCEPTANCE OF A PLACE AT EDEN SEVENTH - DAY ADVENTIST ACADEMY

I/We _____ hereby register my child
_____ in _____ to begin
on the _____ of _____ 20 _____

I/We have read and accept the conditions set out below:

1. Full participation in the school's curriculum is essential.
2. I/We will abide to the School policies and rules and will ensure that my/our child too will abide by the rules.
3. I/We will pay school fees in advance, starting at the month for fees that are due.
4. Once my/our child is registered with the school for this service I ought to pay even if my/our child doesn't attend some days of the month.
5. Once you pay registration fees, your child/ren secures a place in our school.
6. I/We will buy all the required stationery listed items and bring them when needed.

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 collectors/lawyers and also accept that no funds will be given to me on school fees paid upfront if all I 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.

SIGNATURE: _____ (Parent/Guardian)

DATE: _____ PLACE: _____

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Years: _____

Indemnity Form

I / WE _____

Residential Address _____

Parents/Guardians of _____

Gave consent for my/our child to Partake in school outings.

I promise not to hold the school liable for any losses of property or injury of my/our child/ren during outings. The staff will, however, have to take necessary precautions for safety and welfare of my/our child/children.

NB: The parents and a witness must sign this form otherwise your child/ren will be excluded from all Eden SDA Academy outings.

Signature (Parents/Guardian)

Father: _____ Mother: _____

Signature of witness: _____

Date: _____ Place: _____