



APPLICATION FOR SCHOOL ENROLMENT (2020)

Year of Enrolment: _____

Male:

Grade: _____

Female:

1. Personal Details of Child:					
Surname:					
First Names:					
Preferred Name:					
Date of Birth:		ID (If available):			
Place of Birth:		Citizenship:			
Home Language:		Study Permit No:			
Other Languages:					
Church Relation:					
Present School:					
Name of Teacher:		Teacher's Tel No:			
Previous Schools attended (where applicable):					
School 1:		Tel No:		Grades:	
School 2:		Tel No:		Grades:	
School 3:		Tel No:		Grades:	
Grades repeated, if any:					

2. Personal Details of the Parents:					
FATHER / GUARDIAN			MOTHER / GUARDIAN		
Title:		Initial:		Title:	
Surname:			Surname:		
First Names:			First Names:		
Preferred Name:			Preferred Name:		
ID No:			ID No:		
Tel: (h)		(w)		Tel: (h)	
Cell No:			Cell No:		
Postal Address:			Postal Address:		
Residential Address:			Residential Address:		
Profession:			Profession:		
Employer:			Employer:		
Position:			Position:		
Email:			Email:		

3. Person Responsible for the Account:

Surname:		Full Names:	
ID No:		Residential Address:	
Employer:		Postal Address:	
Profession:		Cell No:	
Tel (w):			
Email:			
Signature of Person responsible for the account:			
Signature: _____		Date: _____	

4. Medical Information:

Family Doctor / Practice:		Tel No:	
Physical disabilities or illnesses the school should be aware of. Kindly elaborate:			
Who should be contacted if your child feels ill?			
Name:		Tel No:	
Other family/friends not from same household:			
Name:		Relation:	
Address:		Tel No:	
Confidential information we should know about:			

5. Administration of Medication if and when necessary:

I, _____ parent/guardian of _____ (full names) hereby give permission for Omeya Private School personnel to administer the following medication (including any antiseptic ointment) if and when necessary. (Medication will still be administered, should we be unable to obtain your permission telephonically).

	<u>Yes</u>	<u>No</u>
Calpol		
Antihistamine		
Valoid		
Buscopan / Generic thereof		
Panado		

OR

Any other medication not mentioned above, including medication sent to school by the parents/guardians.
Allergies – (Food / Medication): _____

NB! A copy of your medical aid card MUST be handed in with this application, for use in case of emergencies.
 Please take note that we cannot administer medication to your child if this form has not been completed and returned to school.

Signature: _____ Date: _____

6. Sport / Cultural Achievements:
Kindly name achievements in sports/culture and/or preferences:

7. Documents:
<i>Kindly attach the following:</i>
<ol style="list-style-type: none"> 1. Certified copy of the birth certificate / passport of the pupil. 2. Proof of residential/work address of person responsible of the account. 3. Copy of the study permit if applicable. 4. A copy of most recent school report or pre-primary school assessment. 5. Recent photograph of the child/children 6. ID copy of Parent/s or Guardian/s

8. School Fees:
<ol style="list-style-type: none"> 1. Registration fee: As per attached addendum A. 2. Monthly school fees: As per attached addendum A. Payment by Debit Order is compulsory – Please complete attached Invoices to be paid on or before the 1st of each month.

9. General Information:
<ol style="list-style-type: none"> 1. This application does not guarantee placement in the school, nor does the date of application indicate any specific order of priority. 2. Acceptance for enrolment will be determined after successful completion of an admission test. 3. Collateral information will be obtained from previous schools in order to determine the learner’s general behavior and academic achievements. 4. The applicant and his/her parents may be interviewed. 5. The applicant must be proficient in the language of instruction of his enrolment. 6. Please note that a one month written notice is required when a learner leaves school, otherwise parents will be held liable for school fees for the subsequent month.

10. Supplementary Services and Afternoon Care Facilities:			
<i>Please indicate if you would be interested to make use of the following services:</i>			
Balanced diet lunch, afternoon snack and Afternoon Care Facilities (from after school until 18:00)	Yes	No	N\$ 1,000,00 pp/pm
WHO MAY COLLECT THE CHILD			
Name:		Relation:	
Name:		Relation:	
Name:		Relation:	
Name:		Relation:	

11. Declaration by Parent or Guardian:

I, the undersigned declare as follows:

1. The information submitted in this application is true and correct.
2. That I have made a full disclosure of all material facts.
3. That I undertake to make punctual payment of all school fees due to Omeya Private School as a result of my child's/children's' attendance of the Omeya Private School.
4. That I undertake **to pay the school fees in advance by the end of each month.**
4. I acknowledge that all fees are payable as determined from time to time in advance in terms of the Financial Arrangement which forms part of this application. The Omeya Private School shall be entitled to determine and increase the fees on a yearly basis in its own discretion.
5. That I shall be liable to pay, on acceptance of the application for admission, a deposit equal to 1(one) months school fees, which amount shall be refundable on the child ceasing to be a learner at the school and after due notice as set out in clause 9(nine) below.
6. In the event of any fees being outstanding to the Omeya Private School at the time of the learner leaving the school, the Omeya Private School is hereby authorized to deduct the outstanding fees from the deposit.
7. In the event of me failing to pay any amounts due to the Omeya Private School, the Omeya Private School shall be entitled to refuse the child/children access to the school or its facilities. In addition, the Omeya Private School shall be entitled to withhold the child's/children's' report/s and other status information until all fees due and payable have been liquidated.
8. I hereby choose as my domicilium citandi et executandi the address which appears in clause 3(three) of this application. I further agree to the jurisdiction of the Magistrates Court for any action instituted against me for recovery of amounts due to the Omeya Private School.
9. That I shall give 1(one) months written notice should my child/children intend leaving the school and furthermore, that November shall not be regarded as a notice month i.e. the last day of giving notice will be the last day of August of a particular year.

FATHER / GUARDIAN

Name: _____

Signature: _____ Date: _____

MOTHER / GUARDIAN

Name: _____

Signature: _____ Date: _____

12. Permission and Indemnity:

Children at Omeya Private School (hereinafter referred to as the "School") make use of educational and play equipment and of transportation provided and although all children are constantly supervised and cared for at the best of our ability, circumstances might arise that is beyond our control and it would be appreciated if you could complete the indemnity form below:

I, _____ (Full Name of Parent),

ID Number _____ the Parent/Guardian of the following child/children (state full names)

- 1. _____
- 2. _____
- 3. _____

hereby agree to the terms and conditions below and undertake to abide by them while my child is in the care of Omeya Private School:

- 1. That despite the fact that the School will care for my child to the best of their ability and with attention, I accept that neither the School, its owner(s) or employees, will accept any liability for any claims arising from any accident, injury or illness or any other cause involving the above child whilst in the care of the School and hereby waive and abandon any and all claims I may have against the School, or which may at any time arise or be instituted.
- 2. I hereby authorize the School to take all reasonable steps, which at its discretion it may deem necessary, after unsuccessful attempts to contact me, to have the above child admitted to a hospital, treated by a medical doctor or other medical attendant, provided that this will be executed on the advice and under the supervision of a medical doctor. I further agree to and accept responsibility for any medical costs and for the payment of any medical and/or hospital accounts arising from any treatment.
- 3. I hereby further give permission for the transportation of the above child in any vehicle of the School or that of the owner(s) or employees, this for the above mentioned purposes, for transportation between any school and sport grounds and the School, for study and or educational trips and any other outings arranged during the course of the year and while under care of the School, and specifically indemnifies the School, the owner(s) and staff against any claim which may arise or be instituted should any accident occur.

Omeya Private School undertakes that all reasonable precautions will be taken to ensure the safety and welfare of my child.

Signed at _____ on this _____ day of _____ 20_____.

Signature of Parent (Father)

Witness

Signature of Parent (Mother)

Witness

13. Debit Order

(COMPULSARY DEBIT ORDER INSTRUCTION FOR OMEYA PRIVATE SCHOOL

The details of my/our bank account are as follows:

BANK BRANCH NAME AND TOWN

BRANCH NUMBER ACCOUNT NUMBER

TYPE OF ACCOUNT Current (Cheque)/Savings/Transmission

I/We hereby request, 'instruct' and authorize you to draw against my/our account with the abovementioned bank (or any other bank or branch to which I/we may transfer my/our account) the amount of(Amount in words),

the amount necessary for payment of the monthly installment/premium due in respect of the abovementioned agreement on the 1st day of

each and every month commencing on (day) of (month) (year) the case may be).

All such withdrawals from my/our bank account by you shall be treated as though they had been signed by me/us personally.

I/We understand that the withdrawals hereby authorized will be processed by computer through a system provided by the Namibian Banks, and I/We also understand that details of each withdrawal will be printed on my bank statement or on an accompanying voucher.

I/We agree to pay any bank charges relating to this debit order instruction.

This authority may be cancelled by me/us by giving you notice in writing, but I/we understand that this will be subject to a cancellation fee equal to 1 calendar months' school fees and that I/we shall not be entitled to any refund of amounts which you have withdrawn while this authority was in force if such amounts were legally owing to you.

Receipt of this instruction by you shall be regarded as receipt thereof by my/our bank (whichever the case may be).

Assignment:

I/We acknowledge that the party hereby authorized to effect the drawing/s against my/our account may not be cede or assign any of its rights to any third party without my/our prior consent and that I/we may not delegate any of my/our obligations in terms of this contract/authority to any third party without prior written consent of the authorized party.

Signed at Windhoek on this(day) (month) (year).

..... SIGNATURE