

Dear parent(s) / legal guardian(s)

## **APPLICATION FOR ENROLMENT / RE-REGISTRATION**

1. All documentation should be completed in full and signed by BOTH parents.
  - 1.1. Application form
  - 1.2. Memorandum of Agreement
  - 1.3. Indemnity form
  - 1.4. Debit order form (with official confirmation of bank details)
  
2. The following documents should accompany the application:
  - 2.1. Copies of both parents' ID documents and/or passports
  - 2.2. Copy of learner(s)' full birth certificate and/or passport
  - 2.3. Last report card (or School Readiness results for Grade 1 applications)
  - 2.4. Where applicable, legal documents e.g. residence- or study permit, sole custody, legal guardianship, etc.
  - 2.5. If in any instance a 3<sup>rd</sup> party has an agreement with parents to make payment on school fees, written documents with cover letter to confirm.

Application for enrolment / re-registration should comply to the above. If not, application will not be accepted/considered.

Original application form with said documentation should be submitted to the secretaries' office:

Primary school  
Highschool

Marna Bruwer  
Anne-Marie Schoeman

[pro-edkantoor@iway.na](mailto:pro-edkantoor@iway.na)  
[pro-edkantoor2@iway.na](mailto:pro-edkantoor2@iway.na)

It is of utmost importance to inform the school secretary of any changes to information submitted, e.g. contact numbers, residential-, work and or e-mail addresses, in order to ensure administration records are accurate.

Thank you for your co-operation in this regard.



# Pro-Ed Akademie

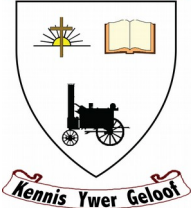
## Registration

PLEASE COMPLETE IN BLACK PEN

DO YOU HAVE ANY LEARNERS CURRENTLY/PREVIOUSLY IN THIS SCHOOL?  Yes  No

Name of **OTHER** learner(s): \_\_\_\_\_

PRO-ED AKADEMIE



### LEARNER INFORMATION

#### LEARNER

Full Names: \_\_\_\_\_

Surname: \_\_\_\_\_

Preferred Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

ID number: \_\_\_\_\_

Nationality:  Namibian  Other \_\_\_\_\_

Religious denomination: \_\_\_\_\_

Gender:  Male  Female

Home Language:  Afrikaans  English  Other \_\_\_\_\_

Learners language preference:  Afrikaans  English

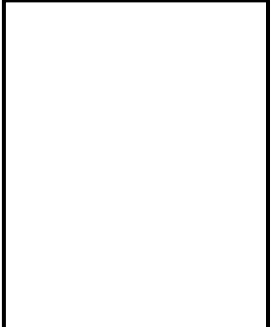
Other \_\_\_\_\_

Learner Cellphone no: \_\_\_\_\_

Learner email address: \_\_\_\_\_

Admission Date: \_\_\_\_\_

Current Grade: \_\_\_\_\_

Learner Photo: 

Any Other important information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Method of transport:  Private  Taxi  Bus

Taxi/Bus Registration number: \_\_\_\_\_

Name of driver: \_\_\_\_\_

Contact number: \_\_\_\_\_

\_\_\_\_\_

#### NEXT OF KIN INFORMATION

Name: \_\_\_\_\_

Contact number: \_\_\_\_\_

Alternative Contact number: \_\_\_\_\_

Relation: \_\_\_\_\_

\_\_\_\_\_

### OFFICE USE ONLY

Family Code: \_\_\_\_\_ Waiting List  A  B

Rank on Waiting list: \_\_\_\_\_ Debit Order:

Register Class: \_\_\_\_\_ ID Copy:

Admission number: \_\_\_\_\_ Application Fee:

Proof of Residence:

Birth certificate:

#### FAMILY INFORMATION

Family Status:  Both Parents  Single Parent - Unmarried

Foster Care  Childrens Home  Single Parent - Divorced

Other  Re-composed  Widow / Widower

Parents deceased:  Mother  Father  None

#### LEARNER HEALTH INFORMATION

Chronic diseases: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medication: \_\_\_\_\_

#### MEDICAL AID INFORMATION

Name: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Member number: \_\_\_\_\_

Primary Member: \_\_\_\_\_

#### FAMILY DOCTOR INFORMATION

Name: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Business Address: \_\_\_\_\_

#### INFO OF PREVIOUS SCHOOL/PLAY GROUP/NURSERY

First Registration of learner in Namibia?  Yes  No

Did learner attend school last year?  Yes  No

If yes, in which Province/Country? \_\_\_\_\_

Previous School: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Province: \_\_\_\_\_

Highest grade in previous school: \_\_\_\_\_

Reason for leaving previous school: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PARENT / LEGAL GUARDIAN 1 INFORMATION**

Title: \_\_\_\_\_

Full Name: \_\_\_\_\_

Surname: \_\_\_\_\_

Initials: \_\_\_\_\_

Preferred Name: \_\_\_\_\_

ID Number: \_\_\_\_\_

Home language:  Afrikaans  English  Other \_\_\_\_\_

Communication Preference:  Telephone  email

Nationality  Namibian  Other \_\_\_\_\_

Language Preference: \_\_\_\_\_

Cellphone number: \_\_\_\_\_

Home Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

email: \_\_\_\_\_

Home Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Postal Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Occupation Status:  Own Employer Non-Professional  
 Own Employer Professional  
 House Wife  Part Time  
 Contract Worker  Pensioner  
 Student  Temporary  
 Full Time  Unemployed

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer Telephone number: \_\_\_\_\_

Employer Physical Address: \_\_\_\_\_  
 \_\_\_\_\_

Is the learner living with this parent?  Yes  No

**PARENT / LEGAL GUARDIAN 2 INFORMATION**

Title: \_\_\_\_\_

Full Name: \_\_\_\_\_

Surname: \_\_\_\_\_

Initials: \_\_\_\_\_

Preferred Name: \_\_\_\_\_

ID Number: \_\_\_\_\_

Home language:  Afrikaans  English  Other \_\_\_\_\_

Communication Preference:  Telephone  email

Nationality  Namibian  Other \_\_\_\_\_

Language Preference: \_\_\_\_\_

Cellphone number: \_\_\_\_\_

Home Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

email: \_\_\_\_\_

Home Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Postal Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Occupation Status:  Own Employer Non-Professional  
 Own Employer Professional  
 House Wife  Part Time  
 Contract Worker  Pensioner  
 Student  Temporary  
 Full Time  Unemployed

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer Telephone number: \_\_\_\_\_

Employer Physical Address: \_\_\_\_\_  
 \_\_\_\_\_

Is the learner living with this parent?  Yes  No

**DECLARATION BY PARENT(S) / GUARDIAN(S)**

I/We, \_\_\_\_\_ (Name(s) of Parent(s)/Guardian(s))

Hereby declare that the information supplied in this form is true and just and that by way of signature hereunder, authorize the Chairperson of the School Governing Body or his/her representative to control and confirm any of the details supplied. I am / We are aware that should any information supplied be found not to be true, I/We may be liable to a criminal offence.

Signed at \_\_\_\_\_ on \_\_\_\_\_ day of \_\_\_\_\_

Signature(s) of Parent(s) / Guardian(s): \_\_\_\_\_

**ACCOUNTABLE PERSON'S INFORMATION**

Parent / Guardian 1     Parent / Guardian 2     Other (complete section [A] or [B] below)

**[A] – INDIVIDUAL**

Title: \_\_\_\_\_ Initials: \_\_\_\_\_

Full Names: \_\_\_\_\_

Surname: \_\_\_\_\_

Preferred Name: \_\_\_\_\_

ID Number: \_\_\_\_\_

Language:  Afrikaans  English  Other: \_\_\_\_\_

Communication Preference:  Telephone  E-mail  
 Mail  By Hand

Communication Language: \_\_\_\_\_

Cell Phone no: \_\_\_\_\_

Telephone no: \_\_\_\_\_

Fax number: \_\_\_\_\_

E-mail: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Postal Address: \_\_\_\_\_

**[B] – COMPANY / CLOSED CORPORATION / TRUST**

Title: \_\_\_\_\_

Name: \_\_\_\_\_

Registration number: \_\_\_\_\_

Language: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Telephone no: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Business Address: \_\_\_\_\_

Postal Address: \_\_\_\_\_

**NOTE:**  
In terms of sponsor/company/CC/Trust, relevant documents, with confirmation letter, should accompany the application.

**CONTRACT WITH SCHOOL IN REGARDS TO PAYMENT**

Agreement between Pro-Ed Akademie and \_\_\_\_\_ (Name(s) of Parent(s) / Guardian(s)) in regards to the payment of school fees.

- a) Accept responsibility for the payment of fees for above child before or on the Seventh (7th) day of each month:
  - Full yearly payment (Before 31st January)
  - Internet transfer (EFT) - Special Arrangement
  - Debit order (administered by school) - Compulsory as per Management decision)
- b) I/We agree to inform the Principal and Financial Administrator in writing if I/We am/are unable to pay the fees. My child's admission will be secured for one (1) month.
- c) I/We understand that the school will take the necessary legal steps to recover any outstanding fees.
- d) I/We agree to give one (1) calendar month's notice should my child no longer attend school. In the last term, I/We undertake to give notice in October as November doesn't serve as a notice month.
- e) I/We understand that I/We will be held liable for December school fees where learner(s) completed a school year / grade with Pro-Ed Akademie, regardless of when notice was given.
- f) I/We undertake to notify the school of any changes in e-mail, residential- and or work address.
- g) I/We declare that the forms have been completed correctly. I have read and understand the acceptance requirements and school rules.

I / We the parents / guardian of \_\_\_\_\_ undertake to honour the agreement as set out above.

Signed at \_\_\_\_\_ on \_\_\_\_\_ day of \_\_\_\_\_

Signature(s) of Parent(s) / Guardian(s):

**PERMISSION / CONSENT TO TAKE PART IN ALL ORGANISED ACADEMIC, SPORT AND CULTURE ACTIVITIES**

1. I/We, parent(s) / guardian(s) of  hereby give permission that he / se may participate in all academic, sport and culture activities presented by the school in an organized manner. To participate in tests conducted by the school support team with the object of improvement in school work and to identify other problems.
2. I/We grant permission that my/our child may be transported by a public bus company approved by the school management. If there is only a small group of learners that need to be transported, parents or teachers with valid drivers licenses may be asked to transport them
3. I/We accept that all reasonable precautions will be taken for the safety and wellbeing of my/our child and that I/we will be held responsible for the payment of the medical and/or hospital fees if enforced upon, in case of an injury which cannot be ascribed to the responsible personnel's coarse negligence.
4. I/We hereby delegate my/our powers as parent(s)/guardian(s) to the Principal of the school or representative if medical or surgical treatment may be needed for my child. As far as I/we know, he/she is physically able to participate in any organized activities and he/she resides in good health.
5. I/We confirm that all medical information supplied in the Learner Information section of this form is accurate and complete. This information may be used in case of an emergency.
6. I/We undertake to inform the school if any of the above information may change.
7. I/We undertake to support my/our child to obey the Code of Conduct and the disciplinary system of Pro-Ed Akademie as included in the Policy of the school.
8. I/We hereby confirm that the school is allowed to use imagery of my child in any publication, in any format.

Signed at  on  day of

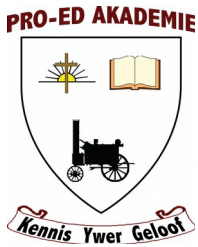
Signature(s) of Parent(s) / Guardian(s):

**INDEMNITY**

I/We the parent(s)/guardian(s) of  (name of learner) indemnify unconditionally and without restriction Pro-Ed Akademie and/or the shareholders of Pro-Ed Akademie or any person employed by Pro-Ed Akademie or any person acting on behalf of Pro-Ed Akademie against any losses, claims, injury or death that may be caused to the above learner by virtue of his or her use of any of the facilities provided by Pro-Ed Akademie.

Signed at  on  day of

Signature(s) of Parent(s) / Guardian(s):



## MEMORANDUM OF AGREEMENT

entered into between

**PRO-ED AKADEMIE PARENTS ASSOCIATION hereafter PEAPA**

and

(names of both Parents / guardians) hereafter **PARENT**

To both PEAPA and PARENT are hereafter referred to as “Parties”

### **DEFINITION**

**PRO-ED AKADEMIE (PEA):** is a duly registered educational institution with the Namibian Ministry of Education;

**PRO-ED AKADEMIE PARENTS ASSOCIATION (PEAPA):** is the legal entity through which PEA operates as an educational institution;

**PARENT:** the person(s) (either parent(s) or legal guardian(s)) whom, by signing this document, accepts responsibility for the timely payment of all monies due to PEAPA;

**MONIES :** are school fees, other fees and any other amounts due to PEAPA which may arise, either directly or indirectly, from a child being educated by the PEA;

**CHILD :** is a learner or learners enrolled at PEA.

After the parent had decided to enrol the child/children indicated below at the PEA in agreement with stipulated conditions, and the PEA Board decided to accept such child(ren), the parties involved agree as follows:

1. The parent undertakes to honor duties and responsibilities due to the PEA promptly;
2. School fees will be paid monthly in advance, before or on the 7th day of every month;
3. Any other amounts will be paid on receipt of invoice; is a learner or learners enrolled at PEA.
4. 20% Interest will be charged on accounts in arrears;
5. The PEAPA will issue monthly statements with regards to outstanding fees and invoices will be available on request;
6. Not debt shall be set off between the parties;
7. Should fees be in arrears exceeding 60 days, the PEAPA has the right to terminate education of the child(ren) involved;

- 8. I will acquaint myself with the rules and disciplinary code of the school and undertake to abide by them and to make sure my child(ren) does/do the same. We shall support, protect and promote the norms, spirit and character of the school;
- 9. Both parties agree to the jurisdiction of the Magistrate’s Court, even in the event that the amount claimed exceeds the jurisdiction of the mentioned court.

The following learners will be regarded as “CHILD” in terms of this agreement:

**NAME & SURNAME**

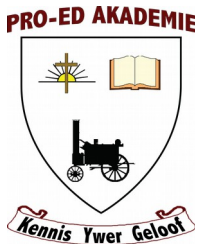
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2.	<input type="text"/>	Grade	<input type="text"/>
3.	<input type="text"/>	Grade	<input type="text"/>
4.	<input type="text"/>	Grade	<input type="text"/>

Agreed to and signed at  on  day of

\_\_\_\_\_  
PARENT / LEGAL GUARDIAN 1

\_\_\_\_\_  
PARENT / LEGAL GUARDIAN 2

\_\_\_\_\_  
For/PEAPA



## INDEMNITY FORM (MINORS)

I/We, , the parent(s) / guardian(s) of

1. give permission for my child to go on school or any other excursions, as approved by the School Board, as well as for my child to be transported during such excursion(s);
2. give permission to the teacher or supervisory person in charge at the time, to administer medical treatment or allow my child to receive medical treatment;
3. expect my child to adhere to the rules and to submit to the teacher or supervisory person appointed to be in charge at the time;
4. declare that this document will be valid for the duration of my child's involvement with PEA.
5. I/We indemnify the teacher(s) or supervisory person appointed, from any legal claim should anything happen to the above-mentioned child(ren) during any excursion or as a result of any circumstances beyond the control of such teacher(s) and/or person appointed in a supervisory capacity at the time.

Signed at  on  day of

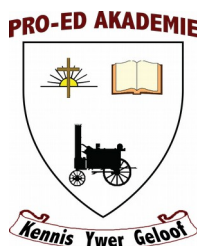
\_\_\_\_\_  
PARENT / LEGAL GUARDIAN 1

Witness: \_\_\_\_\_ (1)

\_\_\_\_\_  
PARENT / LEGAL GUARDIAN 2

Witness: \_\_\_\_\_ (2)





# Pro-Ed Akademie

*'n Skool met 'n verskil...*

Posbus 2085, Swakopmund  
Tel: 064-405689 | Fax: 064-405896



## DEBIT ORDER APPLICATION – please attach copy of ID

### PARENT / LEGAL GUARDIAN DETAILS:

Name of Account Holder :

Bank Name :

Branch Name:  Branch Code:

Account Number :   Cheque or  Savings

Effective (first payment date) :

Preferred Payment Date :  25th or  Month End or  1 st or Other

Frequency Period :  Monthly or  Annually

Amount Payable:  - (Words)

I herewith give permission that the debit order amount be adjusted annually, in accordance with annual adjustment on school fees, as approved by the Pro-Ed Akademie Board.

In case of any changes on the above, or where the learner(s) listed below will no longer be enrolled with Pro-Ed Akademie, I undertake to give one month's written notice.

\_\_\_\_\_  
Name & Signature of account holder

\_\_\_\_\_  
Signature verified (Witness)

\_\_\_\_\_  
Date

Student(s) Enrolled :

### BENEFICIARY DETAILS:

Account Number : 8001014576

Bank Details : Bank Windhoek - Swakopmund (481-772)

Beneficiary Name : Pro-Ed Akademie

Debit Order Ref. No. : \_\_\_\_\_ (for office use only)