WALVIS BAY PRIVATE SCHOOL SENIOR PHASE APPLICATION FOR ADMISSION 2024



APPLICATION FOR YEAR

Nangolo Mbumba Drive P.O. Box 567, Walvis Bay, NAMIBIA

Tel: +264 64 279 250 Fax: +264 64 207 610

Email: administrator@wbps.com.na

Website: www.wbps.com

APPLICATION FOR GRADE

PHOTO)

Enrollment Number		Fam	ily C	ode/Acc	ount Numl	ber	
NAME							
SURNAME							
Any family/other siblings in	WBPS						
Previous/Current School (Learner CUM Card Requested)							
NATIONALITY/CITIZENS Attached study permit if not a Nami							
DATE OF BIRTH							
GENDER		MALE		FEMALI		E.	
FO	R INTER	NAL US	E O	NLY			•
Date of Application Received:			Com	menceme	nt date:		
				ents/Learne view date:	-		
PRINCIPAL Date, Notes, Recommendations & Signature			Fina	nce Depar	tment:		
			ACC	EPTED			
Head of Guidance Date, Notes, Recommendations & Signature			DEC	LINED			

	A: ENROLMENT CHECKLIST
lame	e of Learner:
Т	Tick that you have completed and included the following documents/information as stated below:
	Application for Admission: Every aspect of the form has been completed
	Information on Application Form: All the information is accurate, true and relevant
	Full Birth Certificate: A certified copy of the applicant's birth certificate
	If learner is not a Namibian Citizen, please also include:
	Study Visa / Evidence of Recent Application: Certified copy attached
	Temporary / Permanent Residency Permit: Certified copy attached
	ID Document: Certified copies of both parent's identity documents, even if divorced or separated. If divorced, please supply a copy of the divorce agreement explaining the maintenance agreement
	Proof of Residency: Municipal Bill / Rental Agreement etc.
	Academic History: A copy of the applicant's most recent school report AND last grade passed
	Photograph: 4 passport-size photos of the applicant
	Medical Aid Card: Copy of Medical Aid Card (If Applicable)
	Confidential Report/Testimonial/Financial Clearance: All Confidential documents handed in at the applicant's current/previous school for completion.
	School Fees commitment/payment plan letter and Debit Order Authorisation: Commitment and payment plan letter signed and attached
	Divorce Agreement/Settlement (If Applicable)

	B: LEARNEI	R INFORMA	ATION		
Surname of learner:		First Names:			
(as stated on the Birth Certification	,		Notionality:		
Male: Female:	Home Language:		Nationality:		
Place of Birth:			Non-Citizen:		
Date of Birth:			Visa Type: (Attach copy)		
ID Number:			, , , , , , , , , , , , , , , , , , , ,		
(older than 16) A copy of birth certificate mu		on	Visa Expiry Date		
Older than 16: A copy of ID	must accompany this Applic				
Learner Email Address:		Learner Cellpho	one Number:		
Position in Only or Family: Only or	Second Thi		Fifth Child	or more Children	
Are there any other childre			grade:		1
Name:	Grade:				
Name:	Grade:				
Name:	Grade:				
PF	REVIOUS SCHOL	ASTIC INF	ORMATION		
	Please list names of the s				
	er Form from the previous ame of School Coun	s/last school atten try/Province	nded MUST be attach Contact Number	ned: Reason for Leavi	ina
	anie or school Court	iry/F10Ville	Contact Number	Reason for Leavi	
Primary School					
(Grade 1 – 7) (attach latest report)					
High School					
(Grade 8 – 12)					
(attach latest report)					
Other:					
Outon.					
EXTRA- Is the learner currently inv	CURRICULAR A		- :		s?
•	At School	,		evel of achievemen	
Activity (Specify)	At School	Priva	ately Le	evei oi acmevemen	
Sport:					
Outtown.					
Cultural:					
Leadership:					
Other:					

		C: MEDICAL	AID INFOR	RMATION	
		(Please attach d	copy of medical a	id card))	
Family Doctor:				Telephone Number:	
Name of Medical Aid Fund:					
Name of Main member	er:			Number:	
		(Please attach	Supporting docu		
Are there any physica	al Disal	oilities, illnesses or alle	rgies the school	should be aware of? Ki	ndly elaborate:
		Con	dition	Med	ication
Allergies:					
(Peanuts, bee stings, e					
Indicate medicinal aller	rgies als	50)			
Chronic Illnesses:	- \				
(Diabetes, epilepsy, etc. Medical Conditions:	U.)				
(Pulmonary stenosis, n	nuscula	r			
dystrophy, cerebral pal					
Disabilities:	,	/			
(Hard of hearing, partia	ally				
sighted, autistic spectro					
disorder, ADHD, etc.)					
List ALL medications ADMINISTER ANY ME			or over the cou	nter – THE SCHOOL DO	ES NOT
Does your child have	any of	her medical illnesses o	r current treatme	ents (in the past or pres	ent) that the school
has to bear knowledge		mer <u>mearear minesses o</u>	Carrent treatme	(iii the past of pres	city that the solicoi
	,				
Has your child ever re	equired	I remedial, occupation of	or physiotherapy	<pre>/? If YES, please supply</pre>	/attach details:
Who should be conta		Name and Surname:			
if your child feels ill?		Contact Details:			
Are there any OTHER	<u> </u>		1		
confidential informati					
we should know abou					
ALT	ERN	IATIVE CONTA	CT PERSO	ON (other than Pare	ents)
-		IN CASE C		•	,
Name and					
Name and					
Relationship: (Grandparent,					
aunt, friend, etc.)					
23m, mond, 5to.)					
				\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
Contact C	Cell:			Work/Home:	
Mullipers:					
				<u> </u>	

Full Name: ID No: A Certified copy of both ID documents must accompany this Enrolment Form Physical Address: Proof of residency (rates, telephone account, etc.) must accompany this Enrolment Form Postal Address: Home Telephone Number: Cell Phone Number: Cell Phone Number: Work Telephone Number: Employer Name: Work Telephone Number: FORMER WBPS ASSOCIATION Are you (or your spouse) a former student of WBPS? If yes, state year: Would you like to register as a member of the Old Scholar		D:	PARI	ENT/LEG	AL GUAF	RDIAN	INFO	RMA	ATION	
Married Marriage Separated Divorced Remarried Single Father/Mother LIVING ARRANGEMENTS (Attach Legal supporting documents) Both Parents Mother (Full Custody) Father (Full Custody) Guardian Primary Guardian Secondary Guardian Surname: Full Name: ID No: A Certified copy of both 1D documents must accompany thits Enrolment Form Physical Address: Proof of residency (rates, lelephone account, etc.) must accompany this Enrolment Form Postal Address: Home Telephone Number: Cell Phone Number: Cell Phone Number: Employer Name: Work Telephone Number: Email Address: FORMER WBPS ASSOCIATION Are you (or your spouse) a former student of WBPS? If yes, state year: Would you like to register as a member of the Old Scholar					MARITAL ST	ATUS				
Both Parents Mother (Full Custody) Father (Full Custody) Guardian Primary Guardian Secondary Guardian Surname: Full Name: ID No: A Certified copy of both ID documents must accompany this Enrolment Form Physical Address: Proof of residency (rates, telephone account, etc.) must accompany this Enrolment Form Postal Address: Home Telephone Number: Cell Phone Number: Cell Phone Number: Work Telephone Number: Employer Name: Work Telephone Number: Email Address: FORMER WBPS ASSOCIATION Are you (or your spouse) a former student of WBPS? If yes, state year: Would you like to register as a member of the Old Scholar	Married		Separated	Divorced			;	Single		
Surname: Full Name: ID No: A Certified copy of both ID documents must accompany this Enrolment Form Physical Address: Proof of residency (rates, telephone account, etc.) must accompany this Enrolment Form Postal Address: Home Telephone Number: Cell Phone Number: Cell Phone Number: Employer Name: Work Telephone Number: Employer Name: FORMER WBPS ASSOCIATION Are you (or your spouse) a former student of WBPS? If yes, state year: Would you like to register as a member of the Old Scholar			LIVING	ARRANGEME	NTS (Attach Lo	egal supp	orting doc	umer	nts)	
Surname: Full Name: ID No: A Certified copy of both ID documents must accompany this Enrolment Form Physical Address: Proof of residency (rates, telephone account, etc.) must accompany this Enrolment Form Postal Address: Home Telephone Number: Cell Phone Number: Cell Phone Number: Coccupation: Employer Name: Work Telephone Number: Email Address: FORMER WBPS ASSOCIATION Are you (or your spouse) a former student of WBPS? If yes, state year: Would you like to register as a member of the Old Scholar	Both Pa	rents		Mother (Full	Custody)	Father	(Full Custo	dy)	(Guardian
Surname: Full Name: ID No: A Certified copy of both ID documents must accompany this Enrolment Form Physical Address: Proof of residency (rates, telephone account, etc.) must accompany this Enrolment Form Postal Address: Home Telephone Number: Cell Phone Number: Cell Phone Number: Coccupation: Employer Name: Work Telephone Number: Email Address: FORMER WBPS ASSOCIATION Are you (or your spouse) a former student of WBPS? If yes, state year: Would you like to register as a member of the Old Scholar										
ID No: A Certified copy of both ID documents must accompany this Enrolment Form Physical Address: Proof of residency (rates, telephone account, etc.) must accompany this Enrolment Form Postal Address: Home Telephone Number: Cell Phone Number: Cell Phone Number: Employer Name: Work Telephone Number: Email Address: FORMER WBPS ASSOCIATION Are you (or your spouse) a former student of WBPS? If yes, state year: Would you like to register as a member of the Old Scholar	Surname:			Primary	Guardian			Sec	ondary Gu	<u>uardian</u>
A Certified copy of both ID documents must accompany this Enrolment Form Physical Address: Proof of residency (rates, telephone account, etc.) must accompany this Enrolment Form Postal Address: Home Telephone Number: Cell Phone Number: Occupation: Employer Name: Work Telephone Number: Email Address: FORMER WBPS ASSOCIATION Are you (or your spouse) a former student of WBPS? If yes, state year: Would you like to register as a member of the Old Scholar	Full Name:									
Number: Cell Phone Number: Occupation: Employer Name: Work Telephone Number: Email Address: FORMER WBPS ASSOCIATION Are you (or your spouse) a former student of WBPS? If yes, state year: Would you like to register as a member of the Old Scholar	both ID docur must accome this Enrolment IP Physical Addre Proof of residen (rates, telephon account, etc.) maccompany this Enrolment Form	ments npany Form ess: ncy ne nust								
Number: Occupation: Employer Name: Work Telephone Number: Email Address: FORMER WBPS ASSOCIATION Are you (or your spouse) a former student of WBPS? If yes, state year: Would you like to register as a member of the Old Scholar	Home Telepho Number:	ne								
Employer Name: Work Telephone Number: Email Address: FORMER WBPS ASSOCIATION Are you (or your spouse) a former student of WBPS? If yes, state year: Would you like to register as a member of the Old Scholar	Cell Phone Number:									
Work Telephone Number: Email Address: FORMER WBPS ASSOCIATION Are you (or your spouse) a former student of WBPS? If yes, state year: Would you like to register as a member of the Old Scholar	Occupation:									
FORMER WBPS ASSOCIATION Are you (or your spouse) a former student of WBPS? If yes, state year: Would you like to register as a member of the Old Scholar	Employer Nam	ie:								
FORMER WBPS ASSOCIATION Are you (or your spouse) a former student of WBPS? If yes, state year: Would you like to register as a member of the Old Scholar	Work Telephor Number:	те								
Are you (or your spouse) a former student of WBPS? If yes, state year: Would you like to register as a member of the Old Scholar	Email Address	:								
Are you (or your spouse) a former student of WBPS? If yes, state year: Would you like to register as a member of the Old Scholar				FORMER	WBPS A	SSOC	IATIO	N		
	Are you (or you state year:	ur spoi								
	Would you like association?	to reg	ister as a	member of the	Old Scholar					
						ı	1			

E: DETAILS	OF PERSON LEARNER RESIDES PERMANENTLY (if not by both parents)
Parental Role: (eg. Guardian, Stepparent)	
Surname:	
Full Name:	
ID Number: A Certified copy of both ID documents <u>must</u> accompany this Enrolment Form	
Physical Address: Proof of residency (rates, telephone account, etc.) must accompany this Enrolment Form Postal Address:	
Home Telephone Number:	
Cell Phone Number: (Contact number in case of absenteeism)	
Occupation:	
Employer Name:	
Work Telephone Number:	
Email Address:	

	F: PER	SON F	RESPO	NSI	BLE FO	R SCI	10	OL FEES	AC	COUNT	•
Paren	t – Mother	Parent	– Father	Ste	ep-Parent	Compa Attach agreeme	•	Trust Attach agreemen		lividual Sp tach agreeme	
	Marri	ied	Singl	е	Divore Attach di agreen	vorce	S	Separated	Wid	dowed	
An	nual Payme Fees (by 28/0				ent of Fees ach term)	Cash	at t	it Card/EFT/ the finance o		Debit (
NAM COM NAM Surna Name ID: (F Cell: Posta Home Empl Tel. V	es: Please attace al address: e address: e address: laddress: we, as parents, other cost regal we also understand divorce, separa we understand invoice, we ack allowed to atter Further we understand further we understand invoice, we ack allowed to atter further we understand invoice, we ack allowed to atter further we understand invoice, we ack allowed to atter further we understand invoice, we ack allowed to atter further we understand invoice.	/legal guarrding this letand that a on time, retion, spons that shoul nowledge and WBPS.	earner's tuitions the parents gardless of worship or othe dany monies and accept the	n. /legal (hich pa erwise. outsta at we a	guardians/care arent or persor nding not be p are in breach o	egivers, it is n or instituti paid within a of the terms	sole on ha a peri of ac	r responsibility to ly our responsibil as taken responsi od of fourteen (1 dmission and our	ity to en bility for 4) days child/ch	sure that all the fees, wh from the date ildren will no	fees are ether by e of longer be
	ent/Guardia	n	2 ⁿ	d Par	ent/Guardi	an		Trust/Co	mpan	y/Sponso	- r

G: DEBIT O	RDER AUT	HORISATIO	N
Learner Name & Grade			
Name of Account Holder			
Bank - Name			
Bank - Account Number			
Bank - Branch Name			
Bank - Branch Code			
Account type			
I hereby grant permission to and instruct Walvis E amount of	Bay Private Schoo	l, account details abo	ove to transfer the full
N\$ ()
for the purposes of paying school fees, and any A learners;	LL other fees that	may occur with refe	rence to the following
Names of learners and class		Amount	Months
1			
2			
3			
4			
The individual payment instructions so authorised	I to be issued mus	t be issued and deliv	vered as follows:
On the day of every mon	th beainnina	/	/
,,	gg		· <u></u>
This transfer instruction will be honoured as if I have	ad personally sign	ed each transfer.	
I undertake to pay any penalties arising from to DISHONORED DEBIT-ORDERS WILL BE SUBJ			OF N\$220.00 PER MONTH.
This instruction may be cancelled by me with or understanding that I am not entitled to receive an and funds were legally due.			
Signed at	on c	lay of	20
Signature of authorized account holder	_		

H: GENERAL GUIDELINES & FINANCIAL UNDERTAKING

MEMORANDUM OF AN ADMISSION AGREEMENT

Entered into between:

Walvis Bay Private School (Association incorporated not for gain in terms of Section 21 of the Companies Act, No. 28 van 2004)

hereinafter referred to as "the school"

۸ N I D

AND
Biological Parents or Legal Guardians
Hereinafter referred to as "the parent"

Contract:

- The education of the child is conducted by the parents and teachers working together in partnership. The parents undertake to execute their responsibilities as education partners, through active involvement and loyalty and to co-operate in all respects to achieve acceptable scholastic progress by the learner.
- The parent accepts the board of directors as the only official mouthpiece of the school. The board of directors may at any time review the rules and admission and re-admission requirements.
- The parent accepts the rules and regulations as set by the school directors and management, and acknowledge that we understand the implications, which we undertake to abide by.
- The parent and learners undertake to uphold the school's disciplinary code, rules and policy, with acknowledgement of the meanings and implications.
- Parents and learners further undertake to abide by as well as honour and obey the school's ethos and character.
- The Parent Contract, the Fee Schedule, the School Rules and these terms and conditions constitute the terms of a contract between the parent and Walvis Bay Private School (an incorporated association not for gain). The Terms & Conditions are subject to change from time to time.

Confirmation of application information:

- By completing the form below, the applicant offers to contract with the school on the terms herein contained.
- Upon the parent being informed in writing to the effect that the application had been approved, a contract will come into existence in accordance with the terms herein contained.
- Misleading or incorrect information will lead to the immediate cancellation/disgualification of the application.

Duration of agreement:

- The contract will remain in force until the end of the school year in respect whereof the application pertains and if not specifically renewed in respect of a following school year, will lapse at the end of the relevant school year.
- The application is only valid for the current year and no waiting list will be maintained for a following year.
- No right shall accrue to an applicant to qualify for the renewal of the contract in the absence of a written
 intention to renew and conveyed coupled with a completed application form at the latest 2 months prior to
 the expiration of the relevant school year.
- If you wish to withdraw your child from the School, one calendar month written notice addressed to and received by the Principal or Financial Administrator (by email or letter) is required. Written notice must be submitted on or before the first calendar day. If written notice is not received you shall pay to the school a month's school fee in lieu of notice. It is expected that Parents will consult with the Principal before giving notice to withdraw the Student.

Registration, Acceptance and Book Fee:

- Written application for enrolment of a child is to be addressed to The Principal, Walvis Bay Private School, P O Box 567, Walvis Bay.
- Applicant will be considered when the application form has been completed and received by the school.
- This application does not guarantee placement in the school, nor does the date of application indicate any specific order of priority.
- Collateral information will be obtained from previous schools in order to determine the learner's general behavior and academic achievements.
- The applicant and his/her parents may be interviewed.
- New applicants must undergo a language and mathematics evaluation/school readiness test.
- Payment of the Book Fees will be seen as a binding commitment that your Child will take up his/her place as agreed.
- The Book Fee is not refundable if your Child does not take up a place at the School. However, if, for whatever reason, the offer of a place is withdrawn by the School, the Book Fee will be refunded.

School Fees:

- School fees, as determined by the board of directors, are payable monthly in advance on or before the 7th day of each successive month.
- Learners, whose school fees are unpaid (30 days), will not be permitted to attend classes nor participate in any school sport/cultural and/or other activity, until the payment of school fees is up to date.
- Should outstanding fees not be paid within fourteen days of the date of default, a breach of the terms of admission will be declared and the learner/s will not be allowed to return to the school.
- Accounts older than 90 days (three months in arrears) will be handed to our attorneys for collection and that such parent(s) and or guardian(s) shall be responsible for all attorney- and other costs incurred in collecting the outstanding amount.
- Re-application forms will not be available and learners will not be admitted to school if and when: unpaid accounts from the preceding year in respect of any school fees, have not been settled in full by the end of the academic year,
 - unpaid fees for the term are not paid by the start of the new term, or payment of the annual book fee is not received upon acceptance.
- Academic updates and results will only be available if and when school fees are paid in full.
- The school fees will increase yearly with effect from the 1st of January, as determined by the board of directors.

Supplementary subject fees:

A yearly ICT fee is payable for all Grade 1 – 7 learners.

Parent Support Fee:

- We encourage parents to be actively involved at school events.
- An annual Parent Support Fee of N\$1 000.00 per family, will be levied. The fee can be offset with 5 x 2hour by parent or any family member of the learner at any school fundraising event of function where support is needed.

Indemnity:

- This document serves and is accepted as such by us, the Parents as an indemnity form indemnifying the school and Board of Directors from any repercussions, such as, but not restricted to, personal injuries suffered, personal injuries caused, property damages suffered or caused whether on or off the school premises, including if/when the learner goes on trips for sport and extramural activities and the school's bus or other transport is used.
- I/we give permission to the school/organisers of the sport event to assist my child with any medical assistance that might be necessary. I/we further declare that I/we shall be fully responsible for any costs which may be incurred in respect of such assistance/aid.

By affixing my signature hereto, I confirm that I behalf of the legal Guardian of the learner, with	I am the legal Guardian of the learner and duly authorised to act on his/her consent.
I have read and understood the content of this correct.	admission agreement and all information supplied by me is true and
Signature of Father/Guardian	Signature of Mother/Guardian
Full Name(s) and surname of Father	Full Name(s) and surname of Mother
Signature of Learner	Full Name(s) and surname of Learner

ATTENTION	N:			
The Princip Walvis Bay P O Box 56 Walvis Bay NAMIBIA	Private School 7			
RE: APPL	ICATION FOR ADMISSION AT WALVIS BAY PR	RIVATE SCHOOL		
RECOMME	ENDATION BY PRINCIPAL Note: To be completed by the Principal of the previous The application will only be cons		•	vate School.
Learner's f	ull names and surname:			
Name of p	resent school:			
Present gra	ade of learner:			
I, as Princip (Mark with	pal, confirm the following about the above-mention an X)	oned learner, cur	rently enrolled a	at my school.
		EXCELLENT	AVERAGE	BELOW AVERAGE
	Attitude and commitment to school work			
	Respect for and adherence to the school's Code of Conduct			
	Respect for Authority			
	(management, teachers, coaches, LRC, etc.)			
	Respect for values, norms and traditions of the school			
	Handling of school books and school property			
	Leadership involvement			
	Sport involvement			
	Cultural involvement			
	Parents support and involvement			<u> </u>
	Payment of school fees (Please attached latest school fees statement)			
Additional	information or comments:			
I hereby de	eclare that the above-mentioned information is co	orrect.		
Principal's	Name and Surname	Signa	ature	
School Star	mp:			