APPLICATION FOR ADMISSION TO

PRIVATE SCHOOL SWAKOPMUND

secretary@pss.com.na
Tel: (+26464) 463280 • Fax: (+26464) 463281

Please use the check list below to ensure that all relevant documents accompany this application.

INCOMPLETE OR INACCURATE APPLICATIONS WILL NOT BE CONSIDERED.

Check List:

- ☐ Certified copy of child's FULL birth certificate
- ☐ Certified copy of child's last school report
- ☐ Certified copies of both parent's identity documents / passports
- ☐ Proof of legal guardianship, if applicable
- ☐ Non-refundable Application Fee of N$500 (or proof of payment of EFT)
- ☐ Indemnity Form completed
- ☐ Confidential Student Reference Report has been forwarded to previous school
- ☐ Study Permit, if applicable: The Namibian Government requires that all Non-Namibian children are in possession of, or have at least applied for a study permit. Contact Home Affairs at **http://www.mha.gov.na/all-permits-general-information**

FOR OFFICE USE ONLY

NAME OF STUDENT: _____

YEAR: _____ **GRADE:** _____

APPLICATION FORM RECEIVED BY:_____ DATE :_____

ASSESSMENT DATE: _____ TIME:_____

STUDENT PLACED ON WAITING LIST ☐YES ☐NO EXPECTED STARTING DATE: _____

- ☐ Contractual agreement signed
- ☐ Application fee paid Cash receipt (date), if applicable _____
- ☐ Administration fee paid
- ☐ Registration fee paid

PLEASE NOTE: **It is the responsibility of the parent(s)/guardian, and of utmost importance, to notify the school immediately, in writing, should any of the information below change at any time. Changes can be emailed to secretary@pss.com.na**	*PLEASE ATTACH A RECENT PASSPORT SIZE PHOTOGRAPH*

SECTION 1: STUDENT INFORMATION *(please write in block letters)*

PLEASE INDICATE THE MEDIUM OF TUITION FOR YOUR CHILD

☐ ENGLISH STREAM ☐ GERMAN STREAM

- English and German Stream is only applicable to the Junior and Senior Primary Phase
- English is the only medium of tuition for all subjects in High School, except for languages other than English

SURNAME:			
FIRST NAMES:			
PREFERRED NAME:			
CURRENT SCHOOL/CRECHE:		**TOWN/COUNTRY:**	**GRADE:**
RESIDENTAL ADDRESS:			
DATE OF BIRTH:	**PLACE OF BIRTH:**	**GENDER:**	**AGE:**
HOME LANGUAGE:		**OTHER LANGUAGES:**	
RELIGION:			
NATIONALITY:	**ID/PASSPORT NUMBER:**		**STUDY PERMIT NO.:**

PSS CONNECTIONS

SIBLINGS AT PSS: ☐YES ☐NO

NAME:	**GRADE:**
NAME:	**GRADE:**
NAME:	**GRADE:**

SIBLINGS AT OHTER SCHOOLS: ☐YES ☐NO **TOWN/COUNTRY:**

NAME:	**SCHOOL:**	**GRADE:**

STUDENT'S PARTICIPATION AND/OR INTERESTS IN SPORT AND CULTURE		
TYPE	**CLUB or CENTRE**	**AGE GROUP and/or LEVEL**

SECTION 2: PARENT/LEGAL GUARDIAN INFORMATION	
FAMILY STATUS	☐ Both parents ☐ Single parent (unmarried) ☐ Single parent (divorced)
PARENTS DECEASED	☐ None ☐ Father ☐ Mother
FOSTER CARE	☐ Guardian – Relation to child: _____ ☐ Foster Home
OTHER	☐ Re-composed ☐ Widow/Widower

PARENT 1 / LEGAL GUARDIAN INFORMATION			
Type	☐ Father ☐ Mother ☐ Other		
Is the student living with this parent/Guardian?	☐ Yes ☐ No		
Title:	Initials:	Surname:	
Full Name:		Preferred Name:	
Date of Birth:	Nationality:	I.D./Passport No.:	
Home Language	☐ English ☐ German ☐ Other _____	Religion:	
Email Address			
Cellphone Number			
Home Number			
Postal Address			
Residential Address			
Occupation Status	☐ Business Owner ☐ Contract Worker ☐ Housewife ☐ Pensioner ☐ Student ☐ Unemployed ☐ Other		
Occupation			
Employer			
Work Telephone Number			
Work Physical Address			

PARENT 2 / LEGAL GUARDIAN INFORMATION			
Type	☐ Father ☐ Mother ☐ Other		
Is the student living with this parent/Guardian?	☐ Yes ☐ No		
Title:	Initials:	Surname:	
Full Name:		Preferred Name:	
Date of Birth:	Nationality:	I.D./Passport No.:	
Home Language	☐ English ☐ German ☐ Other _____	Religion:	
Email Address			
Cellphone Number			
Home Number			
Postal Address			
Residential Address			
Occupation Status	☐ Business Owner ☐ Contract Worker ☐ Housewife ☐ Pensioner ☐ Student ☐ Unemployed ☐ Other		
Occupation			
Employer			
Work Telephone Number			
Work Physical Address			

SECTION 3: PERSON RESPONSIBLE FOR ACCOUNT			
Title:	Initials:	Surname:	
Full Name:		Preferred Name:	
ID Type	☐ Namibian ID ☐ Passport ☐ Other		
ID or Passport Number			
Relation to Student			
Cellphone Number			
Email Address			
Postal Address			
Residential Address			

SECTION 4: MEDICAL INFORMATION OF STUDENT			
Student's Name & Surname:			Grade:
Who should be contacted if your child is not feeling well?			
Name & Surname:			
Relation to Student:		Cell Number:	
Other family/friends not from same household that can be contacted should the above not be available?			
Name & Surname:			
Relation to Student:		Cell Number:	
Known Allergies:			
Has the learner received all necessary immunizations?	☐ YES ☐ NO		
Student's Medical Aid		Medical Aid number:	
Family Dr / Practice		Tel No:	
Physical disabilities or illnesses the school should be aware of. Kindly elaborate:			
Learning Barriers or Educational Disabilities that the school should be aware of. Kindly attach Psychological report:			
CURRENT MEDICATIONS *(Please list all medications your child takes, prescription or over the counter)*			
Has your child ever had any of the following: If YES, please elaborate. *(Please circle YES or NO)*			
Frequent or severe headaches	**Y/N**		
Dizzy spells, fainting, or blackouts	**Y/N**		
Epilepsy or seizures	**Y/N**		
Vision (eye) problems	**Y/N**		
Difficulty with hearing	**Y/N**		
Other ear, nose or throat problems	**Y/N**		
Hay fever or other allergies	**Y/N**		
Asthma, Wheezing or Shortness of breath	**Y/N**		
Chronic cough	**Y/N**		
Heart problems or disease	**Y/N**		
Stomach, liver or intestinal problems	**Y/N**		
Frequent urination	**Y/N**		
Diabetes	**Y/N**		
Frequent Crying spells	**Y/N**		
Frequent trouble sleeping	**Y/N**		
Difficulty in relaxing or calming down	**Y/N**		
Any neurological disorder	**Y/N**		

GENERAL INDEMNITY, WAIVER OF LIABILITY AND VOLUNTARY ACCEPTANCE OF RISK

This form is a pre-requisite for admission to Private School Swakopmund
(To be completed by guardian of student referred to herein)

A: **Particulars of Student:**

1. Full names and surname: _____
2. D.O.B./Passport/ID number: _____
3. Any medical conditions or allergies:

   _____
4. Contact particulars in case of any emergency:

   _____

(Hereinafter referred to as "*the Student*")

B: **Particulars of Guardian/Custodian**

5. Full names and surname of father: _____
6. ID Number of father: _____
7. Full names and surname of mother: _____
8. ID Number of mother: _____
9. Residential address of father: _____
10. Residential address of mother (if different from father above):

    _____
11. Telephone numbers: Father: _____

    Mother: _____

(Jointly and separately hereinafter referred to as "*the Guardian*")

_____

Mother

_____

Father

WHEREAS:

A. The Student is enrolled at the Private School Swakopmund (hereinafter referred to as "*PSS*") at the insistence of the Guardian.

B. The Guardian has agreed to the Student participating in PSS's various activities (including daily breaks, day-to-day sporting, cultural, educational, and other activities and excursions) to be arranged by the PSS both in and outside the premises of the PSS.

C. In particular, the various activities referred to hereinabove may include, but are not limited to daily breaks, cultural excursions, sporting events, physical education, and social excursions which will all take place on 1 (one) school day or less and either in the premises of PSS and if not in the premises of PSS then within the municipal jurisdiction of Swakopmund. (Hereinafter referred to as "*the Activities*".)

D. The PSS has decided to undertake the Activities for purposes of, *inter alia*, the Student's further all-round education.

E. The PSS has undertaken to arrange transport, where necessary, for the Activities. Such transport may be provided by means of the PSS' own passenger carrying vehicles, hired third party transport, by other parents of students enrolled at the PSS, or by staff members of the PSS using private vehicles.

F. The Guardian has consented to the Student making use of the said transport for the Activities.

G. In the event of a medical emergency, the Guardian gives permission to PSS and any of the above-mentioned persons to provide such emergency medical treatment to the student and/or to transport the Student to the nearest hospital or clinic or any other medical facility which is adequate enough to provide sufficient and proper emergency medical treatment as required by the Student. PSS shall at all times endeavour to contact the Guardian either prior to the administration of the medical treatment or as soon as possible during or thereafter; though, in the event of PSS being unable to contact the Guardian, the Guardian herewith consents to the necessary emergency medical treatment being administered to the Student, nonetheless.

H. The PSS, as a precondition to the Student being allowed on the said Activities, requires the guardian of said Student to waive all liability that it or any of its officials, staff members, or other parents might incur on the said Activities, with regard to the well-being of the said Student and to indemnify it and or its officials and to hold them harmless against any claims arising from the said Activities, with regard to the well-being of the said Student.

_____

Mother

_____

Father

I. The Guardian has agreed to waive all liability that PSS or any of its officials, staff members, or other parents might incur on the said Activities, with regard to the well-being of the said Student, and to indemnify PSS and or any of its officials and to hold them harmless against any claims arising from the said Activities, with regard to the well-being of the said Student.

NOW THEREFORE:

1. Indemnity and voluntary assumption of risk:

1.1 In consideration of the above, the Guardian does hereby indemnify and agree to hold PSS, its governing boards, employees, agents, and any private parent as aforementioned, harmless against all claims, costs, charges or expenses, which the PSS, its governing boards, or any of the aforementioned persons may at any stage become liable for to pay in connection with or arising from any damage, loss (including consequential loss), any medical treatment (emergency or otherwise), or injury of any description whatsoever and howsoever incurred, which may be suffered by the Student while traveling to the destination of the Activities, attending to the Activities, and travelling back to PSS.

1.2 We understand that PSS and or any parties mentioned in 1.1 are not insured against any such damage or injury or loss and we hereby voluntarily accept the risk of any such damage or loss or injury being sustained by the student, insofar as it might result from any negligence (except gross negligence) on the part of PSS and or any of its officials. We realise that the said Student has voluntarily and without any inducement from any official of PSS agreed to participate in the said Activities and we therefore agree not to hold PSS and/or any of its officials liable for any injuries and damages sustained by the Student in these Activities or as a result of the Activities and to indemnify PSS and/or its officials against any claim arising from the said Activities.

1.3 The said Student is privately insured by the Guardian.

_____

Mother

_____

Father

1.4 The Guardian acknowledges that (a) s/he has had sufficient time to review and consider this General Indemnity, Waiver of Liability, and Acceptance of Risk thoroughly; (b) s/he has read and understands the terms hereof and his/her obligations and waivers hereunder, and (c) s/he enters herein with full knowledge and understanding of the contents hereof and with his/her own free will and with full capacity and authority to do so. The Guardian further represents and warrants to PSS and acknowledges and agrees that s/he has had the opportunity to seek and was not prevented nor discouraged by PSS from seeking independent legal advice prior to the execution and delivery hereof and that, in the event that s/he did not avail his/herself of the opportunity to get independent legal advice prior to the signing hereof, s/he did so voluntarily and without any undue pressure and agrees that his/her failure to obtain independent legal advice shall not be used as a defense to the enforcement of his/her obligations and waivers hereunder.

Signed and executed at Swakopmund on this _____ day of _____ 20____.

_____

Mother

_____

Father

CONDITIONS OF ADMISSION

The undersigned, in their capacity as the parents/legal guardians (hereafter referred to as 'the Parents') of _____
(hereinafter referred to as 'the Child') declare ourselves bound by the below terms, conditions and obligations for admission and continued schooling of our Child at the Private School Swakopmund (hereinafter referred to as "PSS"):

PSS Charter

The PSS Charter sets forth the values of the School, as well as the School's rules and regulations. The Parents declare, that they have received an electronic copy of this document for perusal and future reference. They furthermore declare themselves and the Child bound by this policy document.

Academic Conditions

Academic conditions will be met if the Parents agree to entrance screening or assessment of the Child and provide the School with the required academic and school reference reports of the Child's previous school as well as the Child's latest psychological or occupational therapist report, where such a report could assist in making allowances for the Child at PSS.

Revealing Information

The Parents herewith authorise the previous or present school of the Child to provide information about matters of the Child's health, academic performance, conduct and to provide information about the manner in which the Parents have serviced their debt to that school, whilst the Child attended such previous school.

The Parents are required to inform the School of any special educational needs of the Child known to them in writing, prior to the enrolment..

Should the Child, at the discretion of the School, be enrolled, the Parents undertake to provide utmost cooperation to the School and to provide any and all support required. Should the School, at its sole discretion, be unable to continue to support the special educational needs of the Child, it may after *due consultation with the Parents*, cancel this contract of enrolment by giving due notice.

Financial and Administrative Obligations

The Parents herewith confirm that they will meet financial as well as administrative obligations in that they will:

- effect payment of Application, Administration and Registration fees **before** admission of the Child;
- pay monthly school fees in advance and that they will do so on or before the 7th day of each month;
- pay School fees during the notice period of 2 (two) month, whilst notice being given in the last trimester will run until the end of that calendar year.

Parents take note

- that the PSS School Board or School Management reserve the right to cancel the registration of a child for a following school year if a child's school fees are outstanding.
- where no cancellation is received, a child will automatically be registered for a following school year.
- that should a cancellation become necessary due to a change of locality during a school calendar year, notice must be given to the PSS School Management in writing at least 2 (two) months in advance.
- that should notice be received in the middle of a month for the end of the month the following 2 (two) month's fees will be due in lieu of notice.
- of the banking details of the School

Private School Swakopmund Operations
NEDBANK of Namibia
Branch code: 461052
Account no: 11 0000 555 59.

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

Name of Parent 1: _____ Signature of Parent 1: _____

Name of Parent 2: _____ Signature of Parent 2: _____

Witness 1: _____

Witness 2: _____

PRIVATE SCHOOL

SWAKOPMUND

Carpe Diem

CONFIDENTIAL STUDENT REFERENCE REPORT

To be completed by current Head of School or any person with the knowledge to comment on the different areas of the student concerned.

One of your school's students has applied for admission at Private School Swakopmund.
This confidential reference forms part of our admissions process.
The information supplied to us in this report will enable us to place the student more accurately.

Please complete this report and email to secretary@pss.com.na or fax to (+26464) 463281

STUDENT DETAILS	
Student name & Surname	
Date of Birth	
Name of School	
Date admitted to present school	
Current Grade	

CATEGORY A: SKILLS	
Please tick boxes in each category that best describes this student	
Conduct	☐ Outstanding ☐ Usually Good Behaviour ☐ Occasional Misconduct ☐ Frequent Disruptions
Leadership	☐ Outstanding ☐ Contributing ☐ Minor Activities ☐ Few or no activities
Emotional maturity/stability	☐ Very Mature ☐ Average ☐ Somewhat Immature ☐ Very Immature
Social relationships	☐ Healthy Relationships ☐ Has minor problems ☐ Relates Poorly
Self-confidence	☐ Healthy Self-image ☐ Needs Some Support ☐ Needs Much Reassurance
Integrity	☐ Very Trustworthy ☐ Usually Trustworthy ☐ Not Trustworthy
Sense of responsibility	☐ Very Responsible ☐ Usually Responsible ☐ Sometimes Responsible ☐ Irresponsible
Interaction with adults	☐ Comfortable ☐ Dependent ☐ Shy

CATEGORY B: ACADEMIC ACHIEVEMENT IN THE YEAR GROUP *(please tick)*
☐ Below Average ☐ Average ☐ Above Average
CATEGORY C: EXTRA-CURRICULAR INVOLVEMENT
PARTICIPATION OR INVOLVEMENT IN SCHOOL RELATED ACTIVITIES

Leadership	
Culture	
Sport	
Other	

CATEGORY D: GENERAL INFORMATION *(Please use the three-point rating scale* **3-GOOD; 2-FAIR; 1-POOR***)*		
Parent participation in school activities		Comment:
Special support required in any way		Comment:
Any other comments you would like to make to enable PSS to have a clear picture of the student		

CATEGORY E: FINANCIAL CLEARANCE		
Annual fees previous year: N$	Fees paid to date: N$	Fees outstanding: N$
Name of account holder:	Identity number:	Telephone number:

* **Please attach a copy of applicant's statement with your school for at least one year.**

NAME OF SCHOOL	
NAME *(Person completing this form)*	
POSITION	
CONTACT NUMBER	
EMAIL	

_____ _____

SIGNATURE: DATE:

WE THANK YOU FOR YOUR ASSISTANCE AND TIME IN FILLING IN THIS FORM.

SCHOOL STAMP