

APPLICATION FOR ADMISSION

WINDHOEK
AFRIKAANSE PRIVAATSKOOL



OFFICE USE ONLY

FOR

photo

APPLICATION RECEIVED ON

Admission no.

Debitor no.

Starting date

Deposit

Management

Sport

Administration

Finances

C |**SPORT**

Type of sport	School team (age group)	National or Regional team	Position
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

D |**CULTURAL ACTIVITIES**

Cultural activity	Year	Achievement(s)
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

E |**LEADERSHIP**

Leadership position	Year	Details of the position
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

F |**REFERENCE**

Particulars of school that learner is currently attending or attended last.

School	<input type="text"/>		
Address	<input type="text"/>	Contact person	<input type="text"/>
		Position	<input type="text"/>
		Telephone no.	<input type="text"/> <input type="text"/>
Email	<input type="text"/>	Fax no.	<input type="text"/> <input type="text"/>

G |

MEDICAL DETAILS/EMERGENCIES

Does the learner have any disability that prohibits him/her from participating in sport of class? Yes No

Details

Allergies Blood type

Family doctor Telephone no.

Medical aid Telephone no.

Contact details of persons in case of emergencies. **(PLEASE NOTE: A copy of the learner's medical aid card must be added to this application form.)**

Person 1 Cellphone no.

Person 2 Cellphone no.

H |

PARENT / GUARDIAN DETAILS

Primary Parent/Guardian Father Mother Other

Title Last name Name

Postal address Residential address

Telephone (h) Telephone (w)

Cellphone Fax

Email Occupation

Nationality Employer

Secondary Parent/Guardian Father Mother Other

Title Last name Name

Postal address Residential address

Telephone (h) Telephone (w)

Cellphone Fax

Email Occupation

Nationality Employer

I | FINANCES

Who is responsible for paying the school fees?

Primary Parent/Guardian	Secondary Parent/Guardian	Other (complete below)
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Title	<input type="text"/>	Last name	<input type="text"/>	Name	<input type="text"/>
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Postal address

Cellphone	<input type="text"/>	Fax	<input type="text"/>
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Email

PLEASE NOTE: A completed debit order will be required, should this application be successful. A stamped letter from the bank verifying the bank details must also be attached to this form.

J | OPTIONAL SERVICES

WAP and WAP Treintjieskool offer additional services to our learners. Please mark the optional services below of which you would like to make use of. Should this application be successful, registration forms for each of your chosen services will be sent to you.

Bus service (limited space available)	<input type="checkbox"/>	Aftercare	<input type="checkbox"/>
Hostel (limited space available)	<input type="checkbox"/>	Meals after school	<input type="checkbox"/>
Music (recorder, piano, guitar)	<input type="checkbox"/>	Chess	<input type="checkbox"/>

K | OVERVIEW

Indicate whether all sections of this application form has been completed and that all necessary supporting documents are attached.

Section A Learner particulars	<input type="checkbox"/>	Section H Parent/Guardian details	<input type="checkbox"/>
Section B Academics	<input type="checkbox"/>	Section I Finances	<input type="checkbox"/>
Section C Sport	<input type="checkbox"/>	Section J Optional services	<input type="checkbox"/>
Section D Cultural	<input type="checkbox"/>	Birth certificate	<input type="checkbox"/>
Section E Leadership	<input type="checkbox"/>	Passport & Study permit	<input type="checkbox"/>
Section F Reference	<input type="checkbox"/>	Latest Report card	<input type="checkbox"/>
Section G Medical/Emergencies	<input type="checkbox"/>	Medical aid card	<input type="checkbox"/>
		Parent/Guardian Identification Document	<input type="checkbox"/>

Any other information the school needs to know about

Please take note of the following selection requirements:

1. Existing parents and/or employees receive preference;
2. Grade 1 learners must be tested by WAP for school readiness;
3. Enquiries will be done at the previous school regarding the learner's academic progress and behaviour;
4. A deposit, as stipulated by WAP, must be paid beforehand;
5. Payment of school fees and other fees must be paid one month in advance; and
6. Learners of families that still owe money to the school, will not be permitted.

We, the undersigned, declare that this application form is completed correctly. We also undertake to:

7. Adhere to the school rules and policies as stipulated by the prospectus; and
8. To pay the deposit, school fees and all other fees as and when required to do so.

Signature 1
Primary Parent/Guardian

Signature 2
Secondary Parent/Guardian

Signature 3
Learner

Date (dd/mm/yyyy)

Place

SEND

This application is now complete.

Use the next link to submit this application electronically. Attach copies (scanned) of the supporting documents in your email.

SEND

Print this application to send to us in hard copy. Also attach copies of all necessary supporting documents and send to:

PO Box
86564
Eros
Windhoek
Namibia

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