

# APPLICATION FOR ADMISSION

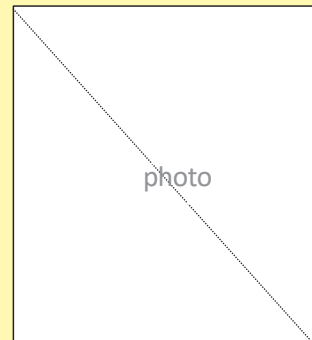
WINDHOEK  
AFRIKAANSE PRIVAATSKOOL



## OFFICE USE ONLY

FOR

APPLICATION RECEIVED ON



Admitted

Waiting list

Rejected

Bus service

Hostel

Aftercare

Meals

Music

Chess

Admission no.

Debitor no.

Starting date

Deposit

Managemen

Sport

Administratio

Finances

## LEARNER PARTICULARS

## Birth names

--

Surname

--

Birth date

\_\_\_\_\_

Boy

Girl

Mother tongue

e. \_\_\_\_\_

Church

--

Nationality

\_\_\_\_\_

Study permit (non-citizens)

\_\_\_\_\_

Cellphone no.

\_\_\_\_\_

Email

\_\_\_\_\_

Application  
for

\_\_\_\_\_

Year (for example 2024)

1000

Grade XX / Treintjieskool Full day / Treintjieskool Half day / Treintjieskool Day scholar

**PLEASE NOTE:** Copies of the learner's birth certificate, study permit (if applicable) and one recent passport photo (in colour) must be added to this application form.

## B |

## ACADEMICS

Current  
grade

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Academic average

\_\_\_\_\_

% Amount of subjects

□

### Subjects completed

Examination (mm/yyyy)

Mark (in %)

[illegible][illegible][illegible]

**PLEASE NOTE:** Copies of the learner's report card for the last completed year and the latest report card (if year is not completed yet) must be added to this application form.

**C |****SPORT**

Type of sport

School team (age group)

National or Regional team

Position


**D |****CULTURAL ACTIVITIES**

Cultural activity

Year

Achievement(s)


**E |****LEADERSHIP**

Leadership position

Year

Details of the position


**F |****REFERENCE**

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

School			
Address		Contact person	
		Position	
		Telephone no.	
E-pos		Fax no.	

## 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

Surname

Name

Postal address

Residential address

Telephone(h)

Telephone(w)

Cellphone

Fax

Email

Occupation

Nationality

Employer

Secondary Parent/Guardian

☐ Father

☐ Mother

☐ Other

Title

Surname

Name

Postal address

Residential address

Telephone (h)

Telephone (w)

Cellphone

Fax

Email

Occupation

Nationality

Employer

**PLEASE NOTE:** Copies of ID/Passport of both parents/guardians, as well as a copy of municipal account (not older than 3 months) must be handed in with this application.

I |

## FINANCES

Who is responsible for paying the school fees?

 Primary Parent/Guardian

 Secondary Parent/Guardian

 Other (Complete below)

Title

Surname

Name

Postal address

Cellphone

Fax

Email

Banking details

**PLEASE NOTE:** A completed debit order will be required, should this application be successful. A stamped letter from the bank, verifying the banking 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)

☐

Aftercare

☐

Hostel (Limited space available)

☐

Meals after school

☐

Music (recorder, piano, guitar)

☐

Chess

☐

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

☐

Section H | Parent/Guardian details

☐

Section B | Academics

☐

Section I | Finances

☐

Section C | Sport

☐

Section J | Optional Services

☐

Section D | Cultural

☐

Birth certificate

☐

Section E | Leadership

☐

Passport & Study permit

☐

Section F | Reference

☐

Latest Report card

☐

Section G | Medical/Emergencies

☐

Medical aid card

☐

Parent/Guardian Identification Document

☐

Any other information the school needs to know about.

# WINDHOEK

AFRIKAANSE PRIVAATSKOOL



Administratiewe Kantoor  
Administrative Office

Tel: +264 61 244 219  
Faks/Fax: +264 61 238 664  
E-pos/Email: wap@wap.edu.na  
Webwerf/Website:  
www.wap.edu.na  
Posbus/ PO Box 86564, Eros,  
Windhoek



Sportkantoor  
Sports Office

Tel: +264 61 244 219  
Faks/Fax: +264 61 249 049  
E-pos/Email: sport@wap.edu.na  
Webwerf/Website:  
www.wap.edu.na  
Posbus/ PO Box 86564, Eros,  
Windhoek



Treintjieskool/WAP  
Pre-Primêre  
Skool Pre-  
Primary School

Tel: +264 61 250 040  
Faks/Fax: +264 61 255 257  
E-pos/Email:  
waptreintjie@wap.edu.na  
Webwerf/Website:  
www.wap.edu.na  
Posbus/ PO Box 86564, Eros,

Dinamies. Gefokus.

## DEBIETORDER

Hiermee verleen ek , toestemming dat Windhoek Afrikaanse  
Privaatskool my bankrekening maandeliks mag debiteer met gelde  
betaalbaar soos per gelewerde skoolfondsrekening.

Naam van bankrekening wat gedebiteer moet word	
Van	
Voorletters	
WAP 3 Rekeningnommer	
Bank	
Taknaam	
Takkode	
Rekeningnommer	
Tjek/Spaar	
Begindatum	

Naam en van van kind(ers)	Graad

Handtekening

\_\_\_\_\_

Datum

\_\_\_\_\_

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 made 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 in the prospectus; and; en
8. To pay the deposit, school fees and all other fees as and when required to do so..

**Signature 1**  
**Primary Parent/Guardian**

**Date (dd/mm/yyyy)**

**Signature 2**  
**Secondary Parent/Guardian**

**Place**

**Signature 3**  
**Learner**