



## NEW STUDENT APPLICATION

YEAR OF INTAKE \_\_\_\_\_

NAME \_\_\_\_\_

GRADE \_\_\_\_\_

### READ CAREFULLY

**Should any of the requirements as stated in the Conditions of Entry (page 2) not be adhered to, this application will not be processed.**

This Application Pack must be returned to the Admissions Office at [secretary@nakayale.academy](mailto:secretary@nakayale.academy) and be accompanied by a non-refundable **Application Fee of N\$400**. Should you wish to do an EFT, proof of payment must be attached to this document. The Application Fee covers the cost of the administration of the application, intake assessment and placement on the waiting list, should there not be a placement available immediately.

**Please use this checklist to ensure that all the relevant documents accompany this application.**

- |                          |   |
|--------------------------|---|
| <input type="checkbox"/> | <i>Conditions of Entry - Signed (Page 2 of this document)</i>                               |
| <input type="checkbox"/> | <i>Application Form (Pages 3 &amp; 4 of this document)</i>                                  |
| <input type="checkbox"/> | <i>Certified copies child's two most recent school reports.</i>                             |
| <input type="checkbox"/> | <i>Certified copies of his/her FULL birth certificate and/or passport, where applicable</i> |
| <input type="checkbox"/> | <i>Certified copies of both parents' identity documents/passports</i>                       |
| <input type="checkbox"/> | <i>Certified copy of the child's baptism certificate, if applicable</i>                     |

### FOR OFFICE USE ONLY

Date of application received \_\_\_\_\_

Assessment date \_\_\_\_\_

App Fee Paid

SIGNATURE DHP/DHC \_\_\_\_\_

ACCEPTED

DATE \_\_\_\_\_

REJECTED

Contractual Agreement

Registration Fee paid

Account Number \_\_\_\_\_

INTERVIEW DATE: \_\_\_\_\_

/Feb 2023/

## CONDITIONS OF ENTRY

1. Recommendations from the previous school will be requested. The Recommendation Form must be handed to the principal/head of your child's current school. The completed form is sent directly to Nakayale Private Academy via e-mail at [secretary@nakayale.academy](mailto:secretary@nakayale.academy). This information remains confidential.
2. The school's physical environment, facilities and resources limit its ability to provide high-quality education to children with special educational needs, whether due to neurological barriers, hearing impairments, visual barriers, physical barriers, behavioural or emotional barriers or any other medically assessed special need. The parent/guardian is required to inform the school in writing, prior to the enrolment, of any special educational needs of the applicant known to them.
3. Enrolment into Grades 2-7 depends on a successful intake assessment; school readiness tests for the specific age group of enrolment into Grade 1 and Pre-Primary classes.
4. Should the child be enrolled at the discretion of the school, the parent undertakes to work closely and co-operatively with the school to provide any and all support required. Should the school, in its sole discretion, NOT be able to continue to support the special educational needs of the child, it will have the power to cancel this contract of enrolment with due notice.
5. On receipt of this form, your child's name will be placed on file. Acceptance of this form and application fee does NOT guarantee nor imply final acceptance of the applicant.
6. Acceptance of an offer of a place will render the applicant liable for the following:
  - a. A once-off payment of the School Registration Fee of N\$500 (non-refundable).
  - b. Signing of a Contractual Agreement.
7. No student will be admitted to the School until the Registration Fee has been paid in full and the Contractual Agreement has been signed.
8. School fees are payable in advance. See our website's admissions page for the basic school fee structure at <https://www.nakayale.academy>
9. Written notice of **one full term** is required should the parent/guardian wish to withdraw a student from the school.
10. Should notice be received in the middle of a term for the end of the term, the following term's fees will be due in lieu of notice.
11. By signing the Conditions of the Entry form, the parent/guardian gives consent for a credit check to be carried out.
12. A tax certificate in the name of the Account Holder must be handed in with this application form.
13. The applicant undertakes to comply with the requirements set out in the Parent Contractual Agreement.

I/we, the legal guardian/s of \_\_\_\_\_ (name of applicant), understand that this application will be registered once all relevant documents are returned to the school.

SIGNATURE

\_\_\_\_\_  
(PARENT/GUARDIAN)

SIGNATURE

\_\_\_\_\_  
(PARENT/GUARDIAN)

DATE

\_\_\_\_\_

# APPLICATION FORM

## STUDENT DETAILS

SURNAME	_____		
FIRST NAMES	_____		
PREFERRED NAME	_____		
DATE OF BIRTH	_____	AGE	_____
HOME LANGUAGE	_____	RELIGION	_____
CURRENT SCHOOL	_____	NATIONALITY	_____
STUDENT MOBILE	_____	STUDENT E-MAIL	_____
APPLIED AT OTHER SCHOOLS	<b>YES/NO (If yes, please list schools)</b> _____		
SIBLINGS AT OTHER SCHOOLS	_____		
	NAME	SCHOOL	GRADE
<b>YES/NO</b>	_____		

## NAKAYALE PRIVATE SCHOOL CONNECTIONS

SIBLINGS AT Nakayale Private Academy	NAME	GRADE	YEAR
<b>YES/NO</b>	_____		

CHURCH INFORMATION	DENOMINATION (e.g. Anglican Church)	PARISH (e.g. Elcin.)
_____		

Nakayale Private Academy	NAME	RELATIONSHIP	YEAR
<b>YES/NO</b>	_____		

## ADDITIONAL INFORMATION

ALLERGIES	_____
PHYSICAL DISABILITIES	_____
HOUSE DOCTOR	_____
CONTACT NUMBER	_____

ANY OTHER CONFIDENTIAL INFORMATION YOU WOULD LIKE TO SHARE WITH THE SCHOOL?

KINDLY NAME ACHIEVEMENTS IN SPORT/CULTURE AND/OR PREFERENCES

## FATHER/GUARDIAN

TITLE \_\_\_\_\_ RESPONSIBLE FOR ACCOUNT \_\_\_\_\_ (YES/NO) \_\_\_\_\_

SURNAME \_\_\_\_\_

FIRST NAMES \_\_\_\_\_

ID NUMBER \_\_\_\_\_

CONTACT DETAILS Home \_\_\_\_\_

Work \_\_\_\_\_

Mobile \_\_\_\_\_

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

PHYSICAL ADDRESS \_\_\_\_\_

POSTAL ADDRESS \_\_\_\_\_

OCCUPATION \_\_\_\_\_

EMPLOYER \_\_\_\_\_

NAMIBIAN TAX NUMBER \_\_\_\_\_

Relationship of child to parent/guardian: **own father/stepfather/father deceased/other (specify)** \_\_\_\_\_

## MOTHER/GUARDIAN

TITLE \_\_\_\_\_ RESPONSIBLE FOR ACCOUNT \_\_\_\_\_ (YES/NO) \_\_\_\_\_

SURNAME \_\_\_\_\_

FIRST NAMES \_\_\_\_\_

ID NUMBER \_\_\_\_\_

CONTACT DETAILS Home \_\_\_\_\_

Work \_\_\_\_\_

Mobile \_\_\_\_\_

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

PHYSICAL ADDRESS \_\_\_\_\_

POSTAL ADDRESS \_\_\_\_\_

OCCUPATION \_\_\_\_\_

EMPLOYER \_\_\_\_\_

NAMIBIAN TAX NUMBER \_\_\_\_\_

Relationship of child to parent/guardian: **own mother/stepmother/mother deceased/other (specify)** \_\_\_\_\_

SIGNATURE \_\_\_\_\_

Father/Guardian

SIGNATURE \_\_\_\_\_

Mother/Guardian

DATE \_\_\_\_\_