



# Pro-Ed Akademie

Registration – 2018  
PLEASE COMPLETE IN BLACK PEN



DO YOU HAVE ANY LEARNERS CURRENTLY/PREVIOUSLY IN THIS SCHOOL?  Yes  No

Name of other learner(s): \_\_\_\_\_

## LEARNER INFORMATION

### LEARNER

Full Names: \_\_\_\_\_

Surname: \_\_\_\_\_

Preferred Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

ID number: \_\_\_\_\_

Nationality:  Namibian  Other \_\_\_\_\_

Religious denomination: \_\_\_\_\_

Gender:  Male  Female

Home Language:  Afrikaans  English  Other \_\_\_\_\_

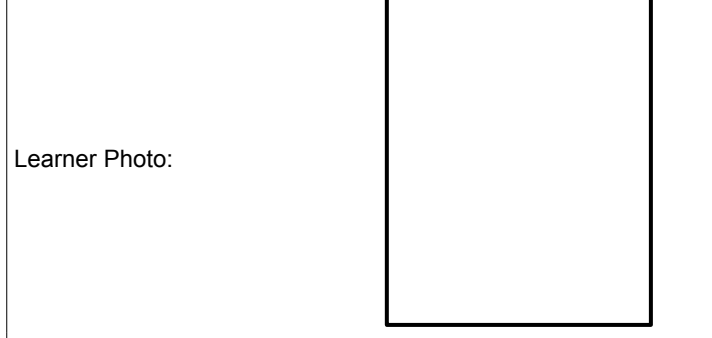
Learners language preference:  Afrikaans  English  Other \_\_\_\_\_

Learner Cellphone no: \_\_\_\_\_

Learner email address: \_\_\_\_\_

Admission Date: \_\_\_\_\_

Grade in 2018: \_\_\_\_\_



Any Other important information: \_\_\_\_\_

\_\_\_\_\_

Method of transport:  Private  Taxi  Bus

Taxi/Bus Registration number: \_\_\_\_\_

Name of driver: \_\_\_\_\_

Contact number: \_\_\_\_\_

### NEXT OF KIN INFORMATION

Name: \_\_\_\_\_

Contact number: \_\_\_\_\_

Alternative Contact number: \_\_\_\_\_

Relation: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## OFFICE USE ONLY

Family Code: \_\_\_\_\_

Register Class: \_\_\_\_\_

Admission number: \_\_\_\_\_

Waiting List  A  B

Rank on Waiting list: \_\_\_\_\_

ID Copy:

Debit Order:

Proof of Residence:

Birth certificate:

### FAMILY INFORMATION

Family Status:  Both Parents  Single Parent - Unmarried

Foster Care  Childrens Home  Single Parent - Divorced

Other  Re-composed  Widow / Widower

Parents deceased:  Mother  Father  None

### LEARNER HEALTH INFORMATION

Chronic diseases: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medication: \_\_\_\_\_

### MEDICAL AID INFORMATION

Name: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Member number: \_\_\_\_\_

Primary Member: \_\_\_\_\_

### FAMILY DOCTOR INFORMATION

Name: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Business Address: \_\_\_\_\_

### INFO OF PREVIOUS SCHOOL/PLAY GROUP/NURSERY

First Registration of learner in Namibia?  Yes  No

Did learner attend school last year?  Yes  No

If yes, in which Province/Country? \_\_\_\_\_

Previous School: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Province: \_\_\_\_\_

Highest grade in previous school: \_\_\_\_\_

Reason for leaving previous school: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PARENT / LEGAL GUARDIAN 1 INFORMATION	
Title:	_____
Full Name:	_____
Surname:	_____
Initials:	_____
Preferred Name:	_____
ID Number:	_____
Home language:	<input type="checkbox"/> Afrikaans <input type="checkbox"/> English <input type="checkbox"/> Other _____
Communication Preference:	<input type="checkbox"/> SMS <input type="checkbox"/> email
Nationality	<input type="checkbox"/> Namibian <input type="checkbox"/> Other _____
Language Preference:	_____
Cellphone number:	_____
Home Telephone:	_____
Fax:	_____
email:	_____
Home Address:	_____ _____ _____
Postal Address:	_____ _____ _____
Occupation Status:	<input type="checkbox"/> Own Employer Non-Professional <input type="checkbox"/> Own Employer Professional <input type="checkbox"/> House Wife <input type="checkbox"/> Part Time <input type="checkbox"/> Contract Worker <input type="checkbox"/> Pensioner <input type="checkbox"/> Student <input type="checkbox"/> Temporary <input type="checkbox"/> Full Time <input type="checkbox"/> Unemployed
Occupation:	_____
Employer:	_____
Employer Telephone number:	_____
Employer Physical Address:	_____ _____ _____
Is the learner living with this parent?	<input type="checkbox"/> Yes <input type="checkbox"/> No

PARENT / LEGAL GUARDIAN 2 INFORMATION	
Title:	_____
Full Name:	_____
Surname:	_____
Initials:	_____
Proffered Name:	_____
ID Number:	_____
Home language:	<input type="checkbox"/> Afrikaans <input type="checkbox"/> English <input type="checkbox"/> Other _____
Communication Preference:	<input type="checkbox"/> SMS <input type="checkbox"/> email
Nationality	<input type="checkbox"/> Namibian <input type="checkbox"/> Other _____
Language Preference:	_____
Cellphone number:	_____
Home Telephone:	_____
Fax:	_____
email:	_____
Home Address:	_____ _____ _____
Postal Address:	_____ _____ _____
Occupation Status:	<input type="checkbox"/> Own Employer Non-Professional <input type="checkbox"/> Own Employer Professional <input type="checkbox"/> House Wife <input type="checkbox"/> Part Time <input type="checkbox"/> Contract Worker <input type="checkbox"/> Pensioner <input type="checkbox"/> Student <input type="checkbox"/> Temporary <input type="checkbox"/> Full Time <input type="checkbox"/> Unemployed
Occupation:	_____
Employer:	_____
Employer Telephone number:	_____
Employer Physical Address:	_____ _____ _____
Is the learner living with this parent?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**DECLARATION BY PARENT / GUARDIAN**

I,  (Name of Parent/Guardian), hereby declare that the information Supplied in this form is true and just and tht I, by way of signature hereunder, authorize the Chairperson of the School Governing Body or his/her representative to control and confirm any of the details supplied. I am aware that should any information supplied be found not to be true, I may be liable to a criminal offence.

Signed at  on  day of

Signature of Parent / Guardian:

**ACCOUNTABLE PERSON'S INFORMATION**

<input type="checkbox"/> Parent / Guardian 1	<input type="checkbox"/> Parent / Guardian 2	<input type="checkbox"/> Other (complete section [A] or [B] below)
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**[A] – INDIVIDUAL**

Title: \_\_\_\_\_ Initials: \_\_\_\_\_

Full Names: \_\_\_\_\_

Surname: \_\_\_\_\_

Preferred Name: \_\_\_\_\_

ID Number: \_\_\_\_\_

Language:  Afrikaans  English  Other: \_\_\_\_\_

Communication Preference:  SMS  E-mail  
 Mail  By Hand

Communication Language: \_\_\_\_\_

Cell Phone no: \_\_\_\_\_

Telephone no: \_\_\_\_\_

Fax number: \_\_\_\_\_

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

Physical Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Postal Address: \_\_\_\_\_  
 \_\_\_\_\_

**[B] – COMPANY / CLOSED CORPORATION / TRUST**

Title: \_\_\_\_\_

Name: \_\_\_\_\_

Registration number: \_\_\_\_\_

Language: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Telephone no: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Business Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Postal Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**CONTRACT WITH SCHOOL IN REGARDS TO PAYMENT**

Agreement between Pro-Ed Akademie and  (Name of Parent / Guardian) in regards to the payment of school fees.

- a) Accept responsibility for the payment of fees for above child before or on the Seventh (7th) day of each month:
  - Full yearly payment (Before 31st January)
  - Internet transfer (EFT) - Special Arrangement
  - Debit order (administered by school)
- b) I agree to inform the Principal in writing if I am unable to pay the fees. My child's admission will be secured for one (1) month.
- c) I understand that the school will take the necessary legal steps to recover any outstanding fees.
- d) I agree to give one (1) calendar month's notice should my child no longer attend school. In the last term, I undertake to give notice in October as November doesn't serve as a notice month.
- e) I declare that the forms have been completed correctly. I have read and understand the acceptance requirements and school rules.
- f) If you prefer to receive statements by email, please indicate email address.

I / We the parents / guardian of  undertake to honour the agreement as set out above.

Signature of Parent / Guardian:  Date:

**PERMISSION / CONSENT TO TAKE PART IN ALL ORGANISED ACADEMIC, SPORT AND CULTURE ACTIVITIES**

1. I, parent / guardian of  hereby give permission that he / se may participate in all academic, sport and culture activities presented by the school in an organized manner. To participate in tests conducted by the school support team with the object of improvement in school work and to identify other problems.
2. I grant permission that my child may be transported by a public bus company approved by the school management. If there is only a small group of learners that need to be transported, parents or teachers with valid drivers licenses may be asked to transport them
3. I accept that all reasonable precautions will be taken for the safety and wellbeing of my child and that I will be held responsible for the payment of the medical and/or hospital fees if enforced upon, in case of an injury which cannot be ascribed to the responsible personnel's coarse negligence.
4. I hereby delegate my powers as parent / guardian to the Principal of the school or representative if medical or surgical treatment may be needed for my child. As far as I know, he / she is physically able to participate in any organized activities and he / she resides in good health.
5. I confirm that all medical information supplied in the Learner Information section of this form is accurate and complete. This information may be used in case of an emergency.
6. I undertake to inform the school if any of the above information may change.
7. I undertake to support my child to obey the Code of Conduct and the disciplinary system of Pro-Ed Akademie as included in the Policy of the school.
8. I hereby confirm that the school is allowed to use imagery of my child in any publication, in any format.

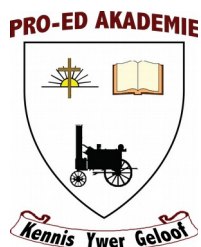
Signature of Parent / Guardian:  Date:

**INDEMNITY**

I/We the parents of/I the guardian of  (name of learner) indemnify unconditionally and without restriction Pro-Ed Akademie and/or the shareholders of Pro-Ed Akademie or any person employed by Pro-Ed Akademie or any person acting on behalf of Pro-Ed Akademie against any losses, claims, injury or death that may be caused to the above learner by virtue of his or her use of any of the facilities provided by Pro-Ed Akademie.

Signed at  on  day of

Signature of Parent / Guardian:



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## MEMORANDUM OF AGREEMENT

entered into between

**PRO-ED AKADEMIE PARENTS ASSOCIATION hereafter PEAPA**

and

hereafter **PARENT**

To both PEAPA and PARENT are hereafter referred to as "Parties"

### DEFINITION

**PRO-ED AKADEMIE (PEA):** is a duly registered educational institution with the Namibian Ministry of Education;

**PRO-ED AKADEMIE PARENTS ASSOCIATION (PEAPA):** is the legal entity through which PEA operates as an educational institution;

**PARENT:** Is the person (either parent or legal guardian) whom, by signing this document, accepts responsibility for the timely payment of all monies due to PEAPA;

**MONIES :** are school fees, other fees and any other amounts due to PEAPA which may arise, either directly or indirectly, from a child being educated by the PEA;

**CHILD :** is a learner or learners enrolled at PEA.

After the parent had decided to enrol the child/children indicated below at the PEA in agreement with stipulated conditions, and the PEA Board decided to accept such child(ren), the parties involved agree as follows:

1. The parent undertakes to honor duties and responsibilities due to the PEA promptly;
2. School fees will be paid monthly in advance, before or on the 7th day of every month;
3. Any other amounts will be paid on receipt of invoice; is a learner or learners enrolled at PEA.
4. 20% Interest will be charged on accounts in arrears;
5. The PEAPA will issue monthly statements with regards to outstanding fees and invoices will be available on request;
6. Not debt shall be set off between the parties;

7. Should fees be in arrears exceeding 60 days, the PEAPA has the right to terminate education of the child(ren) involved;
8. I will acquaint myself with the rules and disciplinary code of the school and undertake to abide by them and to make sure my child(ren) does/do the same. We shall support, protect and promote the norms, spirit and character of the school;
9. Both parties agree to the jurisdiction of the Magistrate's Court, even in the event that the amount claimed exceeds the jurisdiction of the mentioned court.

The following learners will be regarded as "CHILD" in terms of this agreement:

**NAME & SURNAME**

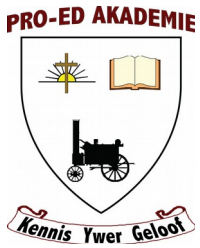
1.	<input type="text"/>	Grade	<input type="text"/>
2.	<input type="text"/>	Grade	<input type="text"/>
3.	<input type="text"/>	Grade	<input type="text"/>
4.	<input type="text"/>	Grade	<input type="text"/>

Agreed to and signed at  on  day of

\_\_\_\_\_  
PARENT / LEGAL GUARDIAN 1

\_\_\_\_\_  
PARENT / LEGAL GUARDIAN 2

\_\_\_\_\_  
For/PEAPA



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## INDEMNITY FORM (MINORS)

I, , the parent / guardian of

1. give permission for my child to go on school or any other excursions, as approved by the School Board, as well as for my child to be transported during such excursion(s);
2. give permission to the teacher or supervisory person in charge at the time, to administer medical treatment or allow my child to receive medical treatment;
3. expect my child to adhere to the rules and to submit to the teacher or supervisory person appointed to be in charge at the time;
4. declare that this document will be valid for the duration of my child's involvement with PEA.
5. I indemnify the teacher(s) or supervisory person appointed, from any legal claim should anything happen to the above-mentioned child(ren) during any excursion or as a result of any circumstances beyond the control of such teacher(s) and/or person appointed in a supervisory capacity at the time.

Signed at  on  day of

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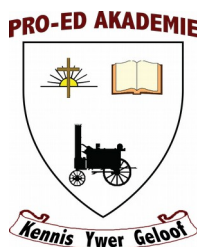
PARENT / LEGAL GUARDIAN 1

Witness: \_\_\_\_\_ (1)

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PARENT / LEGAL GUARDIAN 2

Witness: \_\_\_\_\_ (2)



# Pro-Ed Akademie

*'n Skool met 'n verskil...*

Posbus 2085, Swakopmund  
Tel: 064-405689 | Fax: 064-405896



## DEBIT ORDER APPLICATION – please attach copy of ID

### PARENT / LEGAL GUARDIAN DETAILS:

Name of Account Holder :

Bank Name :

Branch Name & Branch Code :

Account Number :   Cheque or  Savings

Effective (first payment date) :

Preferred Payment Date :  25th or  Month End or  1 st or Other

Frequency Period :  Monthly or  Annually

Amount Payable:  - (Words)

I herewith give permission that the debit order amount be adjusted annually, in accordance with annual adjustment on school fees, as approved by the Pro-Ed Akademie Board.

In case of any changes on the above, or where the learner(s) listed below will no longer be enrolled with Pro-Ed Akademie, I undertake to give one month's written notice.

\_\_\_\_\_  
Name & Signature of account holder

\_\_\_\_\_  
Signature verified (Witness)

\_\_\_\_\_  
Date

Student(s) Enrolled :

### BENEFICIARY DETAILS:

Account Number : 8001014576

Bank Details : Bank Windhoek - Swakopmund (481-772)

Beneficiary Name : Pro-Ed Akademie

Debit Order Ref. No. : \_\_\_\_\_ (for office use only)