



# Pro-Ed Akademie

ń Skool met ń verskil / a School with a difference...

Dear parent(s) / legal guardian(s)

## APPLICATION FOR ENROLMENT / RE-REGISTRATION

1. All documentation should be completed in full and signed by BOTH parents.
  - 1.1 Application form
  - 1.2 Memorandum of Agreement
  - 1.3 Indemnity form
  - 1.4 Debit order form (with official confirmation of bank details)
  
2. The following documents should accompany the application:
  - 2.1 Copies of both parents' ID documents and/or passports
  - 2.2 Copy of learner(s)' full birth certificate and/or passport
  - 2.3 Last report card (or School Readiness results for Grade 1 applications)
  - 2.4 Proof of income and work address (official letter or payslip)
  - 2.5 Proof of residential address (municipal- or electricity invoice)
  - 2.6 Financial clearance certificate
  - 2.7 Where applicable, legal documents e.g. residence- or study permit, sole custody, legal guardianship, etc.
  - 2.8 If in any instance a 3<sup>rd</sup> party has an agreement with parents to make payment on school fees, written documents with cover letter to confirm.

Application for enrolment / re-registration should comply with the above. If not, the application will not be accepted/considered.

Original application form with the said documentation should be submitted to the secretaries' office:

Pre-Primary (Toktokkie)	Marna Bruwer	pro-edkantoor@iway.na
Primary school	Maryna Viljoen	Maryna@proedakademie.com
Highschool	Anne-Marie Schoeman	pro-edkantoor2@iway.na

**It is of utmost importance to inform the school secretary of any changes to information submitted, e.g. contact numbers, residential-, work and or e-mail addresses, in order to ensure administration records are accurate.**

Thank you for your cooperation in this regard.

 +264 64 46 4023

Posbus / PO Box 2085, Swakopmund

[www.proedakademie.com](http://www.proedakademie.com)



# Pro-Ed Toktokkie Pre-primary

## Registration

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 \_\_\_\_\_

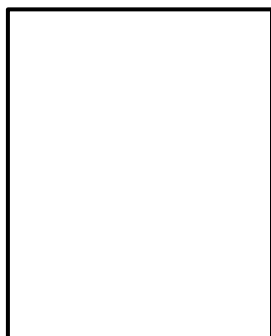
Learner Cellphone no: \_\_\_\_\_

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

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

Current Grade: \_\_\_\_\_

Learner Photo:



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: \_\_\_\_\_ Waiting List  A  B

Rank on Waiting list: \_\_\_\_\_ Debit Order:

Register Class: \_\_\_\_\_ ID Copy:

Admission number: \_\_\_\_\_ Application Fee:

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"/> Telephone <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:	_____
Preferred Name:	_____
ID Number:	_____
Home language:	<input type="checkbox"/> Afrikaans <input type="checkbox"/> English <input type="checkbox"/> Other _____
Communication Preference:	<input type="checkbox"/> Telephone <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(S) / GUARDIAN(S)**

I/We, \_\_\_\_\_ (Name(s) of Parent(s)/Guardian(s))

Hereby declare that the information supplied in this form is true and just and that 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 / We are aware that should any information supplied be found not to be true, I/We may be liable to a criminal offence.

Signed at \_\_\_\_\_ on \_\_\_\_\_ day of \_\_\_\_\_

Signature(s) of Parent(s) / Guardian(s): \_\_\_\_\_



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

1. I/We, parent(s) / guardian(s) 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/We grant permission that my/our 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/We accept that all reasonable precautions will be taken for the safety and wellbeing of my/our child and that I/we 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/We hereby delegate my/our powers as parent(s)/guardian(s) to the Principal of the school or representative if medical or surgical treatment may be needed for my child. As far as I/we know, he/she is physically able to participate in any organized activities and he/she resides in good health.
5. I/We 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/We undertake to inform the school if any of the above information may change.
7. I/We undertake to support my/our 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/We hereby confirm that the school is allowed to use imagery of my child in any publication, in any format.
9. I/We give permission to the School to perform any act such as an "illegal substance search" in order to assure the safety of our learners.

Signed at  on  day of

Signature(s) of  
Parent(s) /  
Guardian(s):

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**INDEMNITY**

I/We the parent(s)/guardian(s) 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(s) of  
Parent(s) /  
Guardian(s):

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## MEMORANDUM OF AGREEMENT

entered into between

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

and

(names of both Parents / guardians) 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:** the person(s) (either parent(s) or legal guardian(s)) 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



## INDEMNITY FORM (MINORS)

I/We, , the parent(s) / guardian(s) 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/We 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

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

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

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

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



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## Toktokkie NOTICE:

1. Toktokkie class schedule runs from 8:00 – 12:00
  - 1.1 Staff available from 7:00 should toddlers need to enter early.
  - 1.2 A waiting class is available for toddlers required to stay until 13:00, with regard to those with elder siblings enrolled in school.
  - 1.3 Please make prior arrangement for waiting class with respective class teacher.

### MEMORANDUM FOR TODDLER(S) STAYING AFTERNOONS AFTER 13:00

(FULL DAY): \_\_\_\_\_ (Full name of toddler(s))

2. This memorandum is supplementary to application for registration and other documents pertaining to enrolment with Pro-Ed Akademie Pre-Primary (Toktokkie).
3. The undersigned herewith confirm the following:
  - 3.1 the toddler(s) named herein will remain under Toktokkie supervision after 13:00 in the afternoon,
  - 3.2 the toddler(s) will be picked-up no later than 17:00 in the afternoon,
  - 3.3 the additional fee per month payable with regard to full day including the following with this memorandum;
    - 3.3.1 full day fee is payable from January up to and including November for the school year, regardless of school holidays and/or public holidays and school days off,
    - 3.3.2 full day fee is payable on/before the 7<sup>th</sup> of each month,
    - 3.3.3 Full day fee will be levied on your account in addition to monthly school fee.
4. Should the toddler(s) at any stage only attend half-day, you are required to give written notice to cancel the full-day enrolment. No monthly pro-rata rate will be applicable. If no written notice is received, you will be held liable for payment on full-day fee billed on your account. Written notice should be addressed to: [pro-edkantoor@iway.na](mailto:pro-edkantoor@iway.na) en/of [pro-edfinansies@iway.na](mailto:pro-edfinansies@iway.na)

Signed at \_\_\_\_\_ on \_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_.

\_\_\_\_\_  
Father/Legal Guardian

\_\_\_\_\_  
Mother/Legal Guardian

\_\_\_\_\_  
Pro-Ed Akademie / Toktokkie class teacher

 +264 64 46 4023

Posbus / PO Box 2085, Swakopmund

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# Pro-Ed Akademie

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DEBIT ORDER in collaboration with

**ACCOUNTABLE PERSON(S) : PARENT / LEGAL GUARDIAN**

Name of **Account** Holder : \_\_\_\_\_

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

Branch **BIC** code : \_\_\_\_\_

Account Number : \_\_\_\_\_ Cheque  or Saving

Effective (first payment date) : \_\_\_\_/\_\_\_\_/20\_\_

Preferred Payment Date :  25<sup>th</sup> or  31 month-end or  1<sup>st</sup> or  5<sup>th</sup>.

Amount Payable : N\$ \_\_\_\_\_ - \_\_\_\_ (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. Permission is also extended to include any down-payment amount, in the event of school fees account running in arrears.

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**

**Copy of account holder ID to be submitted with learner application and/or change on debit order.**

**PRO-ED AKADEMIE (BENEFICIARY) DETAILS:**

Account Number : 8001014576  
 Bank Details : Bank Windhoek Swakopmund (481-772)