



Mavuluma Adventist Primary Private School

Physical Address

Dr. Sam Nujoma
Drive, Erf 1505,
Mavuluma Ext 2

Contact Numbers

Tel: (+264) 662 525 88
Fax: (+264)
E-mail: mapps0123@gmail.com

Postal address

PO Box 1959
Ngweze
Namibia
9000

APPLICATION FORM FOR REGISTRATION

Year: 20....

THIS APPLICATION FORM WILL NOT BE PROCESSED WITHOUT ALL OF THE FOLLOWING

1. When accepted a Non-refundable registration fee of (Pre-Primary =N\$250.00, grade1-3=N\$300. 00, grade 4-7 = N\$400.00) is payable.
2. Copy of most recent school reports (April & August).
3. *Certified Copy of Birth Certificate.*
4. *Transfer Letter and Testimonial form (from previous school).*
5. *Certified copy of I.D for parent/ guardian*

Banking details: Bank Windhoek – Katima; Branch Code: Cheque account no: 3001279001
Account Name: Mavuluma Adventist P.S

Please complete all five pages in **BLACK PEN & BLOCK CAPITAL LETTERS** and return to the above address.

PLEASE NOTE :

1. This application **will not be processed without all the relevant documentation. Please keep the form until** you have all the necessary documentation before you submit it.

A. LEARNER INFORMATION

1. Surname :

2. Names (as on birth certificate) :

3. Nickname (known as) :

4. Date of Birth :

5. I.D. or Passport number : (not D.O.B)

6. Gender : **Male :** **Female:**

7. When would you like to come to Mavuluma Adventist Primary School?
Year: **Quarter:**

8. Grade applied for : Highest grade passed: Year passed :

9. Has learner ever repeated a grade? If yes, which grade?

10. Previous school :
 Address :
 Code and telephone number : **Postal Code:** **Telephone no.**
 Region and/or Country :

(Mark with an X)

11. Mode of transport to school: **Walk** **Bicycle** **Car** **Bus** **Taxi** **Other**

12. Race:

13. Ethnic group:

14. Home Language:

15. Residential Area:

18. Citizenship : 19. Expiry Date of Study Permit :

20. Is the learner a member of the Seventh-day Adventist Church? **Yes :** **No :**

21.1 If yes, is the learner a baptised member? **Yes :** **No :**

21.2 If "no", to which religious denomination does the learner belong?

22. Special problems requiring counselling :

23. Dexterity of learner : Right Handed : Left Handed : Ambidextrous :

24. Does the learner receive a social grant : **Yes :** **No :**

25. Number of children in the family : Position of child in the family : (e.g. first of three = 1 of 3)

26. Does learner have any deceased parents? : Mother Father Both None

27. Learner's cell phone number :

C. PARENT/GUARDIAN/SPONSOR INFORMATION

<i>Information of person responsible for account</i>	<i>Information relating to 2nd parent or other person responsible for learner</i>
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1. Relationship to learner :

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2. Surname :

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3. Full Names :

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4. Title :

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5. I.D. No. :

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6. Telephone Numbers :

<i>Home:</i>	<i>Home:</i>
<i>Cell:</i>	<i>Cell:</i>
<i>Work:</i>	<i>Work:</i>
<i>Fax:</i>	<i>Fax:</i>

7. E-Mail Address :

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8. Home Address :

9. Postal Address :

10. Occupation :

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11. Name of Employer :

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12. Work Address :

13. Employer's Tel. no.:

<i>Married</i>	<i>Divorced</i>	<i>Single</i>	<i>Separated</i>	<i>Widow</i>	<i>Widower</i>	<i>Guardian</i>		
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14. Marital status of parents

15. Number of **other children (siblings)** in this school: (Please supply full name and surname below :)

Name : Grade :

Name : Grade :

Medical Information

Please attach a copy of your Medical Card and I.D. Document

- 1. Name of Medical Fund:
- 2. Membership number:
- 3. Name of Principal member of medical fund:
- 4. I.D. No. of Principal member of Medical Fund:
- 5. Does your child have **any allergy, including allergy to medication, tendency towards abnormal bleeding, epilepsy, etc. Please state.**

If the learner is not on a Medical Aid, please complete the following information:

- 1. Name (in full) of **Parent or Guardian responsible for account** :
- 2. I.D. Number :
- 3. Marital Status :
- 4. Annual family income :
- 5. Number of persons in household :

<i>Father</i>	<input type="text"/>	<i>Mother</i>	<input type="text"/>	<i>Children :</i>	<input type="text"/>
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Church Information

- 1. Is the learner a baptized member of the Seventh-Day Adventist church?

Yes:	<input type="text"/>	No:	<input type="text"/>
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- No:**
- 2. Is the parent/guardian a baptized member of the Seventh-Day Adventist church?

Yes:	<input type="text"/>	No:	<input type="text"/>
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- 3. If "no", which religious denomination does the parent/guardian belong to?

I hereby declare that to the best of my knowledge, the above information as supplied is accurate and correct.

Name of Parent / Guardian (Please print): _____

Signature of Parent / Guardian : _____

B. SUBJECT INFORMATION

Note: Please study information in the *School Brochure* before completing the following section.

Note:

- You must choose one 2nd Additional Language. All other subjects are compulsory

Grades 1 to 3: Please indicate your *preferred language choices* for 2020

English First Language		Compulsory		
Afrikaans 2 nd Additional Lang.	or	Silozi 2 nd Additional Lang.		

Grades 4-7: Please indicate your *preferred language choices* for 2019

English First Language		Compulsory		
Afrikaans 2 nd Additional Lang.	Or	Silozi 2 nd Additional Lang.		

**MAVULUMA ADVENTIST PRIMARY PRIVATE SCHOOL
PARENT/SPONSOR & LEARNER CONTRACT**

Please initial each of the following points and sign and date fully at the bottom:

Initial

1. I have read the **school Brochure – 2022** and I confirm my commitment and support to the sentiments expressed therein. _____
2. I will be loyal to the school, and will encourage my child to identify with the school's ideals, and to obey the school rules. _____
3. I give permission that my child may participate in any of the extra-curricular activities organized by the school. This includes sporting and cultural activities as well as excursions/tours. I understand that reasonable precautions will always be in place to ensure the safety of children. I further understand that some activities may imply additional costs and I expect to be consulted on this matter before my child is asked to participate. _____
4. ***I accept full responsibility for the prompt payment, in advance, of all school fees and legitimate expenses as indicated on duly rendered school accounts. I understand that I may be asked to withdraw my child if I am not able to settle my account.*** _____
5. ***I hereby consent that the school or it's appointed agent may carry out a credit enquiry and may transmit details to a credit bureau of how I have performed in meeting my obligations in terms of this agreement and in the event that I fail to meet my obligations may record my non-performance with the applicable credit bureau.*** _____
6. ***I hereby undertake and bind myself to pay any costs, including legal fees, tracing fees and collection costs which may be incurred by the school in it's recovery of any outstanding amount due by me.*** _____
7. Should it be necessary for any reason to withdraw my child during the school year, I understand that I will be responsible for the payment of school fees up to the end of the month in which my child is withdrawn from the school. _____
8. I understand that the personal belongings of my child/ren are not insured by the school or Seventh-Day Adventist church organisation. _____
9. I understand that the school premises, Library and Hall do not function during school holidays and out-weekends and I accept the responsibility to make alternative arrangements for my child at such times. _____
10. I give permission that my child may be subject to medical tests for drugs or other illegal substances if there is evidence or reasonable suspicion that he/she may be involved in substance abuse activities. I understand that such testing will always be dealt with confidentially and in a professional manner and that I will be kept informed with regard to the process. I agree to be responsible for any laboratory costs that may be involved. _____
11. I give permission that my child may be given basic medication should the need arise. _____
12. I give the principal or his/her representative the right to act "*in loco parentis*" to my child. _____

Signature **Parent/Sponso** _____

Date: _____

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Signature: **Witness** _____.

Date: _____.



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TESTIMONIAL FORM

Please supply us with the information requested on the form below as this learner is in the process of applying to Mavuluma Adventist Primary Private School. Upon completion **this form should be returned to the applicant** who needs to submit it together with his/her application form to Mavuluma Adventist Primary Private School.

LEARNER DETAILS: (To be completed by Parents)

Name of learner :		Date of Birth :	
Present School :	Name :	Present Grade :	
	Tel. no.:		Fax no.:

SCHOOL INFORMATION : (To be supplied by responsible educator/s)

The above learner attended this school from _____ date _____ grade _____
to _____ date _____ grade _____

Place a tick in the appropriate column	WEAK	FAIR	AVERAGE	GOOD	EXCELLENT
1. Academic achievement					
2. Sport participation					
3. Cultural participation					
4. Acceptance of School Discipline					
5. Level of parental involvement					
6. Payment of School Fees					
Any amount still owing?	N\$ _____				

Mention special achievements, concerns or other information that need to be shared with Mavuluma Adventist Primary Private School:

Thank you for your honesty and cooperation.

School Stamp

Signature of Principal : _____

Date : _____