# WALVIS BAY PRIVATE SCHOOL APPLICATION FOR ADMISSION 2025



Nangolo Mbumba Drive P.O. Box 567, Walvis Bay, NAMIBIA Tel: +264 64 279 250

Email: administrator@wbps.com.na Website: www.wbps.com.na PHOTO

APPLICATION FOR YEAR			APPLICA	TION FO	R GRADE		
Enrollment Number			Family Co	ode/Acc	ount Numb	oer	
FULL NAME/S							
SURNAME							
DATE OF BIRTH							
NATIONALITY Attached study permit if non-Namibian							
Any family/other siblings in WBPS							
Previous/Current School							
Learner contact number							
GENDER		MA	LE		FEMAL	E.	
	For	Offic	e Use:				
Date of Application Received:				s/Learnei ew/evalua	r ation date:		
Finance Department:			Comm	encemen	t date:		
Principal: Date, Notes, Recommendations & Signature			Accep	ted:			
Head of Guidance: Date, Notes, Recommendations & Signature			Declin	ed:			
Learner CUM Card Requested			Waitin				
2025 APPLICATION CLOSING DATE: 30 August 2024							

A: ENROLMENT CHECKLIST				
Name of Learner:	Grade			
This application will only be processed if documents are attached.	f al fields are legibly completed, are signed and all supporting			
Application for Admission: All section Photograph: 2 passport-size photograph: A certified complete Medical Aid Card: Copy of medical Academic History: A copy of learner	s of the learner py of the learner's birth certificate			
	se (Grade R) Applicant nool readiness test if not tested by WBPS (Grade 1 applicant) learner's vaccination records (Grade 1-3 applicant)			
ID Document: Certified copies of be Proof of Residence: Municipal bill / School Fees commitment (Section I Debit Order Authorisation (Section Divorce Agreement/Settlement: (If General Guidelines & Financial Unc	/ rental agreement  F)  G): f applicable)  dertaking (Section H): Signed by both parent's			
Non-Namibians, please also include Temporary / Permanent Residency Study Visa / Evidence of Recent Ap	Permit: If learner is non-Namibian			

B: LEARNER INFORMATION											
Surname o	of learner:				First Na	mes:					
Male:	Fema	le:	Home Language:				Nationality:				
Place of Birth: Non-Citizen:											
Date of Birth:  Visa type: (Attach copy)											
	16) Visa expiry date  16: A copy of ID must accompany this application  16: A copy of ID must accompany this application										
Position in family:	ı Or	nly or st child	Second child								
Brothers a		•		, , , , , , , , , , , , , , , , , , , ,							
Name:				Grade:							
Name:				Grade:							
Name:				Grade:							
		PREV	IOUS S	CHOL	ASTIC	INF	ORI	MATIC	ON		
Please list	names of t	the schools	s the learner	has atten	ded:						
		Name	of school	Countr	y/Provinc	/Province Contact number Reason for lea			ving		
Р	re-Primary Grade R										
	ary School rade 1 – 7)										
H	igh School										
	nde 8 – 12)										
Last grade	passed			Yea	ır			Grade/s r	epeate	ed	
EXTRA-CURRICULAR ACTIVITIES & ACHIEVEMENT											
Is the learner currently involved in an extra-mural activity? Have they received Provincial or National Colours?											
Activit	Activity (Specify)  At School  Privately  Level of achievement			ent							
Sport:											
Cultural:											
Leadership	:										

C: MEDICAL AID INFORMATION						
	C	(Please attach copy of med				
Family doctor:		(1 loade allaen copy of med	Telephone			
Name of medical aid fund:			Medical ai	d number:		
Name of main member:						
MEDICAL HISTORY AND INFORMATION OF LEARNER (Please attach supporting documents)						
Are there any physic	al disabilitie	es, illnesses or allergies the s	chool shou	ld be aware	of? Kindly elaborate:	
Immunization history	r: Gr R & 1 a	attach a copy of immunization ca	ard.			
		Condition			Medication	
Allergies:						
(Peanuts, bee stings, e Indicate medicinal alle						
Chronic Illnesses: (Diabetes, epilepsy, et	c )					
Medical Conditions:	··)					
(Pulmonary stenosis, r	nuscular					
dystrophy, cerebral pa						
Disabilities:						
(Hard of hearing, partia						
sighted, autistic spectr	um					
disorder, ADHD, etc.)						
ADMINISTER ANY M	EDICATION	takes, prescription or over th )	e counter –	· THE SCHOOL	DL DOES NOT	
Does your child have any other <u>medical illnesses or current treatments</u> (in the past or present) that the school has to bear knowledge of?						
Has your child ever required remedial, occupation or physiotherapy? If YES, please supply/attach details:						
Are there any OTHER	2					
confidential informat	ion					
we should know about?						
CONTACT PERSON IN CASE OF EMERGENCY						
Full names and surname						
Relation to learner: (Grandparent, aunt, friend, etc.)						
Contact numbers:	Cell:			Work/Home	•	

D: PARENT/LEGAL GUARDIAN INFORMATION								
				MARITAL STAT	TUS			
Married	Common I Marriag		Separated	Divorced		ed, and arried	Single	Deceased: Father/Mother
Primary Guardian/Biological Father Secondary Guardian/Biological Moth						iological Mother		
Surname:								
Full Name:								
Relation to learner:								
ID No:								
Residential Address:								
Postal Addre	ss:							
Home/Cell:								
Employer Name:								
Profession:								
Work Tel:								
Email Address:								
FORMER WBPS ASSOCIATION								
Are you (or your spouse) a former student of WBPS? If yes, state year:								
Would you like Association (OS		a mei	mber of the OI	d Scholar				

## E: DETAILS OF PERSON LEARNER RESIDES PERMANENTLY

(if not by both parents)

## LIVING ARRANGEMENTS (attach legal supporting documents or consent)

Both Parents	Mother (Full Custody)	Father (Full Custody)	Guardian
Name and Surname:			
Relation to learner:			
ID: (Please attach copy	<b>'</b> )		
Home/Cell:			
Postal address:			
Residential address:			
Email address:			
Employer:			
Profession:			
Tel. Work:			

F: PERSON F	RESPONSI	BLE FO	R SCHO	OOL FEES A	ACCOUNT
Parent – Mother Parent	- Father Ste	ep-Parent	Company Attach agreement	Trust Attach agreement	Individual Sponsor Attach agreement letter
Married	Single	Divore Attach di agreem	vorce	Separated	Widowed
Annual Payment of Fees (by 31/01)		of each term) Cash at the		bit Card/EFT/ the finance offi first day of the month)	ce Debit Order
PERSONAL DETAILS:  NAME OF COMPANY/TRUST (if applicable) NAME OF LEARNER  Name and Surname:  Relation to learner:  ID: (Please attach copy)  Cell:					
Postal address:					
Residential address: Email address:					
Employer:					
Profession:					
Tel. Work:					
We, as parents/legal guardians/care cost regarding this learner's tuition. We also understand that as the par and on time, regardless of which pasponsorship or otherwise. We understand that should any moracknowledge and accept that we are WBPS. Further we understand and payment	ents/legal guardian arent or person or in nies outstanding no re in breach of the to	s/caregivers, it stitution has ta t be paid within erms of admiss	is solely our re ken responsib a period of fo ion and our ch	esponsibility to ensure ility for the fees, whe ourteen (14) days fron hild/children will no lo	e that all fees are paid in full ther by divorce, separation, n the date of invoice, we nger be allowed to attend
1 <sup>st</sup> Parent/Guardian	2 <sup>nd</sup> Par	ent/Guardia	an	Trust/Com	pany/Sponsor

G: DEBIT ORD	ER AUT	HORISATIO	N	
	Family (	Code/Account No	umber	
Name of Account Holder				
Bank - Name				
Bank - Account Number				
Bank - Branch Name				
Bank - Branch Code				
Account type				
I hereby grant permission to and instruct Walvis Bay F amount of	Private Schoo	l, account details abo	ove to transfe	er the full
N\$ (				)
for the purposes of paying school fees, and all other	fees that ma	y occur with reference	ce to the follo	wing learners;
Names of learners and grade		Amount	M	onths
1		7 0		
2				
3				
4				
The individual payment instructions so authorised to b	e issued mus	t be issued and deliv	ered as follo	ws:
On the day of every month be	eginning			
This transfer instruction will be honoured as if I had pe				
I undertake to pay any penalties arising from this or DISHONORED DEBIT-ORDERS WILL BE SUBJECT			OF N\$220.0	O PER MONTH.
This instruction may be <b>cancelled by me with one m</b> understanding that I am not entitled to receive any form and funds were legally due.				
Signed at on _	c	lay of	2	0
Signature of authorised account holder				

## **H: GENERAL GUIDELINES & FINANCIAL UNDERTAKING**

#### MEMORANDUM OF AN ADMISSION AGREEMENT

Entered into between:

Walvis Bay Private School (Association incorporated not for gain in terms of Section 21 of the Companies Act, No. 28 of 2004) hereinafter referred to as "the school"

AND	
Biological Parents or Legal Guardians	
Hereinafter referred to as "the parent"	

#### Contract:

- The education of the child is conducted by the parents and teachers working together in partnership. The parents undertake to execute their responsibilities as education partners, through active involvement and loyalty and to cooperate in all respects to achieve acceptable scholastic progress by the learner.
- The parent accepts the board of directors as the only official mouthpiece of the school. The board of directors may at any time review the rules and admission and re-admission requirements.
- The parent accepts the rules and regulations as set by the school directors and management, and acknowledge that we understand the implications, which we undertake to abide by.
- The parent and learners undertake to uphold the school's disciplinary code, rules and policy, with acknowledgement of the meanings and implications.
- Parents and learners further undertake to abide by as well as honour and obey the school's ethos and character.
- The parent contract, the fee schedule, the school rules and these terms and conditions constitute the terms of a contract between the parent and Walvis Bay Private School (an incorporated association not for gain). The terms & conditions are subject to change from time to time.

#### Confirmation of application information:

- By completing the form below, the applicant offers to contract with the school on the terms herein contained.
- Upon the parent being informed in writing to the effect that the application had been approved, a contract will come into existence in accordance with the terms herein contained.
- Misleading or incorrect information will lead to the immediate cancellation/disgualification of the application.

#### **Duration of agreement:**

- The contract will remain in force until the end of the school year in respect whereof the application pertains and if not specifically renewed in respect of a following school year, will lapse at the end of the relevant school year.
- The application is only valid for the current year and no waiting list will be maintained for a following year.
- No right shall accrue to an applicant to qualify for the renewal of the contract in the absence of a written intention to renew and conveyed coupled with a completed application form at the latest 2 months prior to the expiration of the relevant school year.
- If you wish to withdraw your child from the school, one calendar month written notice addressed to and received by the principal or financial administrator (by email or letter) is required. Written notice must be submitted on or before the first calendar day. If written notice is not received you shall pay to the school a month's school fee in lieu of notice. It is expected that parents will consult with the principal before giving notice to withdraw the student.

#### Registration, Acceptance and Book Fee:

- Written application for enrolment of a child is to be addressed to the principal, Walvis Bay Private School, P O Box 567, Walvis Bay.
- Applicant will be considered when the application form has been completed and received by the school.
- This application does not guarantee placement in the school, nor does the date of application indicate any specific order of priority.
- Collateral information will be obtained from previous schools in order to determine the learner's general behavior and academic achievements.
- The applicant and his/her parents may be interviewed.
- New applicants must undergo a language and mathematics evaluation/school readiness test.
- Payment of the book fees will be seen as a binding commitment that your child will take up his/her place as agreed.
- The book fee is not refundable if your child does not take up a place at the school. However, if, for whatever reason, the offer of a place is withdrawn by the school, the book fee will be refunded.

#### **School Fees:**

 School fees, as determined by the board of directors, are payable monthly in advance on or before the 7<sup>th</sup> day of each successive month.

- Learners, whose school fees are unpaid (30 days), will not be permitted to attend classes nor participate in any school sport/cultural and/or other activity, until the payment of school fees are up to date.
- Should outstanding fees not be paid within fourteen days of the date of default, a breach of the terms of admission will
  be declared and the learner/s will not be allowed to return to the school.
- Accounts older than 90 days (three months in arrears) will be handed to our attorneys for collection and that such
  parent(s) and or guardian(s) shall be responsible for all attorney- and other costs incurred in collecting the outstanding
  amount.
- Re-application forms will not be available and learners will not be admitted to school if and when:
  unpaid accounts from the preceding year in respect of any school fees, have not been settled in full by the end of the
  academic year,
  unpaid fees for the term are not paid by the start of the new term, or
  payment of the annual book fee is not received upon acceptance.
- Academic updates and results will only be available if and when school fees are paid in full.
- The school fees will increase yearly with effect from the 1st of January, as determined by the board of directors.

#### Supplementary subject fees:

• A yearly ICT fee is payable for all Grade 1 – 7 learners.

#### **Parent Support Fee:**

- We encourage parents to be actively involved at school events.
- An annual parent support fee of N\$1 000.00 per family, will be levied. The fee can be offset with 5 x 2hour by parent or any family member of the learner at any school fundraising event or function where support is needed.

#### Indemnity:

- This document serves and is accepted as such by us, the parents as an indemnity form indemnifying the school and board of directors from any repercussions, such as, but not restricted to, personal injuries suffered, personal injuries caused, property damages suffered or caused whether on or off the school premises, including if/when the learner goes on trips for sport and extramural activities and the school's bus or other transport is used.
- I/we give permission to the school/organisers of the sport event to assist my child with any medical assistance that
  might be necessary. I/we further declare that I/we shall be fully responsible for any costs which may be incurred in
  respect of such assistance/aid.

#### Consent:

I the parent/guardian of the learner mentioned below, hereby confirm my voluntary consent given in terms of the admission application and enrolment contract, that the school may process all personal information of myself in the capacity of parent/guardian as well as of the said learner including the conducting of a credit check.
 I also consent to the following:

	To receive marketing information relements messages, emails, etc. from the school	vant to the marketing of WBPS only, in the form of SMS's, WhatsApp ol	
	platforms, including video recordings	It to photos/images of learners participating in events) available on broadcast for a program related to the school, as well as any participation in any school elevision station or other form of transmission or broadcasting platform including the livestreaming of such events.	
	To be added on WBPS WhatsApp grelevant class groups and sporting g	pups for parents/guardians, solely related to WBPS school activities, including oups, administrated by WBPS staff.	J
	ny signature hereto, I confirm that I am the learner, with his/her consent.	he legal guardian of the learner and duly authorised to act on behalf of the leg	jal
have read	and understood the content of this adm	ssion agreement and all information supplied by me is true and correct.	
Full name(s	) and surname of learner	Signature of learner	
Full name(s	) and surname of Father	Full name(s) and surname of Mother	
Signature of	f Father/Guardian	Signature of Mother/Guardian	

## I: CONFIDENTIAL REPORT

ATTENTION:
The Principal
Walvis Bay Private School
P O Box 567
Walvis Bay
NAMIBIA

(Mark with an X)

#### **RE: APPLICATION FOR ADMISSION AT WALVIS BAY PRIVATE SCHOOL**

RECOMMENDATION BY DRINCIDAL	

Note: To be completed by the Principal of the previous or current school and sent to Walvis Bay Private School.

The application will only be considered after this form is received.

Learner's full names and surname:

Name of present school:

Present grade of learner:

I, as principal, confirm the following about the above-mentioned learner, currently enrolled at my school.

**EXCELLENT** AVERAGE **BELOW AVERAGE** Attitude and commitment to school work Respect for and adherence to the school's Code of Conduct Respect for authority (management, teachers, coaches, LRC, etc.) Respect for values, norms and traditions of the school Handling of school books and school property Leadership involvement Sport involvement Cultural involvement Parents support and involvement

Additional information or comments:	
I hereby declare that the above-mentioned information	is correct.
Principal's Name and Surname	Signature

Please email completed form to:

school fees statement)

Payment of school fees (Please attach latest

Primary phase (Grade R-7) primarysecretary@wbps.com.na Secondary phase (Grade 8-12) administrator@wbps.com.na