

OFFICE USE ONLY

PRE-SCHOOL APPLICATION FOR ADMISSION – 2023

STUDENT ACCOUNT NUMBER: _____

DATE OF APPLICATION: ____/____/2022/2023

DATE OF ADMISSION: ____/____/2023

GRADE APPLIED FOR: ____ GRADE ACCEPTED: ____ NOT ACCEPTED ____ MUNICIPALITY BILL OR RENT CONTRACT

BIRTH CERTIFICATE: PASSPORT PHOTO: _____ PARENTS ID/PASSPORT CHILD'S LATEST SCHOOL REPORT:

REFER BY PARENT OF HIGHLANDS _____ FACEBOOK ____ TWITTER ____ INSTAGRAM ____

(Learner's Name)

SCHOOL TRANSPORT: YES NO

DETAILS OF THE CHILD TO BE ADMITTED:

Surname: _____ Female/Male

First Name/s: _____

Name Child responds to: _____

Date of Birth: _____ Place of Birth: _____

Home Language: _____ Nationality: _____

Street Address (where child is staying): _____

Home Phone: _____

Does the child have siblings already attending Highlands Christian School? Yes/No.

- If "Yes" please list name/s, class, and grade.

NAME	GRADE/CLASS	YEAR ENROLLED

Which church does the family or child attend? _____

Has the child been immunized? Yes/No.

Name of doctor: _____ Contact #: _____

Medical Aid Fund: _____ Member number # _____ Contact # _____

Emergency Service: _____ Contact # _____

DETAILS OF CHILD'S PARENTS & GUARDIANS

Father's full name: _____

Postal Address: _____ Email address: _____

Phone Numbers: Home _____ Cell _____

Employer: _____

Occupation: _____ Work phone: _____

Residential Address: _____

Mother's full name: _____

Postal Address: _____ Email address: _____

Phone Numbers: Home _____ Cell _____

Employer: _____

Occupation: _____ Work phone: _____

Residential Address: _____

— With whom does the child stay? **Father & Mother / Father only / Mother only / Guardian**

— May both parents collect their child: Yes No Which parent may not _____
(Please provide Letter for parent who is the legal guardian. If available documents from the court)

PLEASE FILL IN: (Only if the child does not stay with father or mother)

Guardian's Full Name: _____

Relationship to child: _____

Postal Address: _____ Email address: _____

Phone Numbers: Home _____ Cell _____

Employer: _____

Occupation: _____ Work phone: _____

Residential Address: _____

EMERGENCY CONTACT DETAILS

Name two friends or Relatives that may be contacted in case of emergency

CONTACT 1: _____

CONTACT 2: _____

THE RESPONSABLE PERSON

Who is responsible for payment of the Highlands Christian School account? (Hereafter known as "The responsible person"). **Father & Mother / Father only / Mother only / Guardian**

GENERAL DETAILS

MEDICAL RECORD: (DOCTOR'S LETTERS)

Any known allergies (Food/medication/other) _____

IMPORTANT INFORMATION

A. AGREEMENT

Should this application be successful, it will serve, together with all rules & policies written in the parents' handbook, as an agreement between Highlands Christian School, herein also called "the school", and "the parent/the responsible person" (please collect handbook from HCS).

If this application is successful, I agree to abide by the rules of the school and conditions of acceptance of my child as set out in the school information hand book, and in any other official school correspondence issued hereafter.

I agree to honor my financial obligation in respect of all fees and should I default on payments then I will be handed over to the school's Attorney and ITC.

Please note: After 13h10 (17H00 for full day) on school days, the school will not be responsible for the child's safety.

B. SCHOOL FEES

The person(s) accountable for the payment of the school fees will hereafter be known as "the responsible person")

- School fees are payable in advance over 11 months, with the last payment for the year being made in November.
- January fees are payable before or on the first day of school in January 2023. (All payments are due by the 1st of each month)

C. REGISTRATION FEE

- To secure a place for your child, a non-refundable, once-off Registration Fee of N\$1200.00 is payable upon acceptance of your child to the school.
- Registration fee for the following year is payable in December for current learners.

D. METHOD OF PAYMENT

The preferred method of payment is by Debit Order. All successful debit order payments will qualified for N\$200.00 off the registration fee at the end of the year. If you choose not to use this option, tick other options.

- Payment of the whole year's fees in advance. (A 5% discount will apply on annual fees that are paid before or by the end of February.)
- Electronic/internet payment. (Proof of payment must be faxed to the school for the attention of the Bursar)
- Direct deposits into the schools account. (Proof of deposit must be faxed to the school for the attention of the Bursar – (administrator @hcs.edu.na)
- Speed point payment at the school office.
Please be advised that parents in need of the school account details for any payments can obtain them from the office/bursar.

E. NEGLECT OF SCHOOL FEES

If any amounts from fees are unpaid for more than thirty (30) days after the due date for such fees, a monthly interest of 1.25% will be charged on all outstanding amounts until such amounts are settled in full. When fees are unpaid for more than sixty (60) days after the due date for such fees, without prior arrangement and a payment plan having been given to the school, the child will not be allowed to return to school until such fees are settled in full. Furthermore, the responsible person(s) will be handed over to the credit bureau and/or legal proceedings will be initiated.

F. DEREGISTRATION

In case of a withdrawal, no less than one month's written notice must be given to the school, otherwise a parent will be liable for one month's school fee from the date of receipt of written notification.

UNDERTAKING OF THE RESPONSIBLE PERSON

INDEMNITY

I, the undersigned, certify that the information provided herein is true and correct. I certify that I have read this document in full and I understand its content.

Permission & Indemnity

I, the undersigned, being the parent/guardian/"the responsible person" for _____ permit him/her to participate in and attend all
(Name of Child)

Education excursions or sport activities arranged by the school during or after school hours during his/her academic years at HIGHLANDS CHRISTIAN SCHOOL. I further indemnify and absolve the school, its staff, agents, representatives and voluntary assistants and participating parents or students against any claims of any nature and however arising, whether directly or indirectly from my child's participation in any educational excursion, sport activity or any activity organized by the school.

Name: _____ Signature _____ Date _____
Responsible Person

Name: _____ Signature _____ Date _____