



APPLICATION FOR ADMISSION TO PRIVATE SCHOOL SWAKOPMUND

Email: secretary@pss.com.na

Tel: (+26464) 463280

**Please use the check list below to ensure that all relevant documents accompany this application.
INCOMPLETE OR INACCURATE APPLICATIONS WILL NOT BE CONSIDERED.**

Check List:

- Certified copy of child's FULL birth certificate
- Certified copy of child's last school report
- Certified copies of both parent's identity documents / passports
- Proof of legal guardianship, if applicable
- Non-refundable Application Fee of N\$500 (or proof of payment of EFT)
- Indemnity form completed
- Acknowledgement of Receipt of the PSS Charter-see last page <http://www.pss.com.na/aufnahme?lang=en>
- Confidential Student Reference Report has been forwarded to previous school
- For Non-Namibian parents: certified copy of employment permit
- For person responsible for account: copy of a monthly Municipality or Erongo Red invoice as proof of residential address.

FOR OFFICE USE ONLY

NAME OF STUDENT: _____ EXPECTED STARTING DATE: _____

- FACE TO FACE TEACHING** Grade _____
- PSSONLINE High School** Grade _____
- IFP (INTERNATIONAL FOUNDATION PROGRAMME) - BRIDGING YEAR**

Application form received by: _____ Date: _____

Waiting list YES NO Assessment date: _____ Time: _____

- Contractual agreement signed Application fee paid Cash receipt, if applicable _____
- Enrolment fee paid Registration fee paid

PLEASE NOTE:

It is the responsibility of the parent(s)/guardian, and of utmost importance, to notify the school immediately, in writing, should any of the information below change at any time. Changes can be emailed to secretary@pss.com.na

PLEASE ATTACH A RECENT PASSPORT SIZE PHOTOGRAPH

SECTION 1: STUDENT INFORMATION (please write in block letters)

PLEASE INDICATE THE MEDIUM OF TUITION FOR YOUR CHILD

ENGLISH STREAM GERMAN STREAM

- English and German Stream is only applicable to the Junior and Senior Primary Phase
- English is the only medium of tuition for all subjects in High School, except for languages other than English

| | | | |
|-------------------------------|-------------------------------|-----------------------------------|---------------|
| SURNAME: | | | |
| FIRST NAMES: | | | |
| PREFERRED NAME: | | | |
| CURRENT SCHOOL/CRECHE: | | TOWN/COUNTRY: | GRADE: |
| RESIDENTIAL ADDRESS: | | | |
| DATE OF BIRTH: | PLACE OF BIRTH: | GENDER: | AGE: |
| HOME LANGUAGE: | | OTHER LANGUAGES: | |
| RELIGION: | STUDENT EMAIL ADDRESS: | STUDENT CELL PHONE NUMBER: | |
| NATIONALITY: | ID/PASSPORT NUMBER: | STUDY PERMIT, if required: | |

PSS CONNECTIONS

SIBLINGS AT PSS: YES NO

| | |
|--------------|---------------|
| NAME: | GRADE: |
| NAME: | GRADE: |
| NAME: | GRADE: |

SIBLINGS AT OTHER SCHOOLS: YES NO **TOWN/COUNTRY:**

| | | |
|--------------|----------------|---------------|
| NAME: | SCHOOL: | GRADE: |
| | | |
| | | |

STUDENT'S PARTICIPATION AND/OR INTERESTS IN SPORT AND CULTURE

| TYPE | CLUB or CENTRE | AGE GROUP and/or LEVEL |
|------|----------------|------------------------|
| | | |
| | | |
| | | |

SECTION 2: PARENT/LEGAL GUARDIAN INFORMATION

| | |
|-------------------------|--|
| FAMILY STATUS | <input type="checkbox"/> Both parents <input type="checkbox"/> Single parent (unmarried) <input type="checkbox"/> Single parent (divorced) |
| PARENTS DECEASED | <input type="checkbox"/> None <input type="checkbox"/> Father <input type="checkbox"/> Mother |
| FOSTER CARE | <input type="checkbox"/> Guardian – Relation to child: _____ <input type="checkbox"/> Foster Home |
| OTHER | <input type="checkbox"/> Re-composed <input type="checkbox"/> Widow/Widower |

PARENT 1 / LEGAL GUARDIAN INFORMATION

| | | | |
|---|---|---------------------------|---------------------------------|
| Type | <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Other | | |
| Is the student living with this parent/Guardian? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Title: | Initials: | Surname: | |
| Full Name: | | Preferred Name: | |
| Date of Birth: | Nationality: | I.D./Passport No.: | |
| Home Language | <input type="checkbox"/> English <input type="checkbox"/> German <input type="checkbox"/> Other _____ | | Religion: |
| Email Address | | | |
| Cellphone Number | | | |
| Home Number | | | |
| Postal Address | | | |
| Residential Address | | | |
| Occupation Status | <input type="checkbox"/> Business Owner <input type="checkbox"/> Employed <input type="checkbox"/> Contract worker <input type="checkbox"/> Housewife <input type="checkbox"/> Pensioner <input type="checkbox"/> Student <input type="checkbox"/> Unemployed <input type="checkbox"/> Other | | |
| Occupation | | | |
| Employer | | | Employment Permit Number |
| Work Telephone Number | | | |
| Work Physical Address | | | |

PARENT 2 / LEGAL GUARDIAN INFORMATION

| | | | |
|---|---|---------------------------|---------------------------------|
| Type | <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Other | | |
| Is the student living with this parent/Guardian? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Title: | Initials: | Surname: | |
| Full Name: | | Preferred Name: | |
| Date of Birth: | Nationality: | I.D./Passport No.: | |
| Home Language | <input type="checkbox"/> English <input type="checkbox"/> German <input type="checkbox"/> Other _____ | | Religion: |
| Email Address | | | |
| Cellphone Number | | | |
| Home Number | | | |
| Postal Address | | | |
| Residential Address | | | |
| Occupation Status | <input type="checkbox"/> Business Owner <input type="checkbox"/> Employed <input type="checkbox"/> Contract worker <input type="checkbox"/> Housewife <input type="checkbox"/> Pensioner <input type="checkbox"/> Student <input type="checkbox"/> Unemployed <input type="checkbox"/> Other | | |
| Occupation | | | |
| Employer | | | Employment Permit Number |
| Work Telephone Number | | | |
| Work Physical Address | | | |

SECTION 3: PERSON RESPONSIBLE FOR ACCOUNT

| | | | |
|------------------------------|---|------------------------|--|
| Title: | Initials: | Surname: | |
| Full Name: | | Preferred Name: | |
| ID Type | <input type="checkbox"/> Namibian ID <input type="checkbox"/> Passport <input type="checkbox"/> Other | | |
| ID or Passport Number | | | |
| Relation to Student | | | |
| Cellphone Number | | | |
| Email Address | | | |
| Postal Address | | | |
| Residential Address | | | |

SECTION 4: MEDICAL INFORMATION OF STUDENT

| | |
|---------------------------|--------|
| Student's Name & Surname: | Grade: |
|---------------------------|--------|

Who should be contacted if your child is not feeling well?

| | | |
|----------------------|--|--------------|
| Name & Surname: | | |
| Relation to Student: | | Cell Number: |

Other family/friends not from same household that can be contacted should the above not be available?

| | | |
|----------------------|--|--------------|
| Name & Surname: | | |
| Relation to Student: | | Cell Number: |
| Known Allergies: | | |

Has the student received all necessary immunizations? YES NO

| | |
|-----------------------|---------------------|
| Student's Medical Aid | Medical Aid number: |
|-----------------------|---------------------|

| | |
|----------------------|---------|
| Family Dr / Practice | Tel No: |
|----------------------|---------|

Physical disabilities or illnesses the school should be aware of. Kindly elaborate:

| |
|--|
| |
|--|

Learning Barriers or Educational Disabilities that the school should be aware of. Kindly attach Psychological report:

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|--|
| |
|--|

CURRENT MEDICATIONS *(Please list all medications your child takes, prescription or over the counter)*

| |
|--|
| |
|--|

Has your child ever had any of the following: If YES, please elaborate. (Please circle YES or NO)

| | | |
|---|-----|--|
| Frequent or severe headaches | Y/N | |
| Dizzy spells, fainting, or blackouts | Y/N | |
| Epilepsy or seizures | Y/N | |
| Vision (eye) problems | Y/N | |
| Difficulty with hearing | Y/N | |
| Other ear, nose or throat problems | Y/N | |
| Hay fever or other allergies | Y/N | |
| Asthma, Wheezing or Shortness of breath | Y/N | |
| Chronic cough | Y/N | |
| Heart problems or disease | Y/N | |
| Stomach, liver or intestinal problems | Y/N | |
| Frequent urination | Y/N | |
| Diabetes | Y/N | |
| Frequent Crying spells | Y/N | |
| Frequent trouble sleeping | Y/N | |
| Difficulty in relaxing or calming down | Y/N | |
| Any neurological disorder | Y/N | |

WHEREAS:

- A. The Student is enrolled at the Private School Swakopmund (hereinafter referred to as “PSS”) at the insistence of the Guardian.
- B. The Guardian has agreed to the Student participating in PSS’s various activities (including daily breaks, day-to-day sporting, cultural, educational, and other activities and excursions) to be arranged by the PSS both in and outside the premises of the PSS.
- C. In particular, the various activities referred to hereinabove may include, but are not limited to daily breaks, cultural excursions, sporting events, physical education, and social excursions which will all take place on 1 (one) school day or less and either in the premises of PSS and if not in the premises of PSS then within the municipal jurisdiction of Swakopmund. (Hereinafter referred to as “*the Activities*”.)
- D. The PSS has decided to undertake the Activities for purposes of, *inter alia*, the Student’s further all-round education.
- E. The PSS has undertaken to arrange transport, where necessary, for the Activities. Such transport may be provided by means of the PSS’ own passenger carrying vehicles, hired third party transport, by other parents of students enrolled at the PSS, or by staff members of the PSS using private vehicles.
- F. The Guardian has consented to the Student making use of the said transport for the Activities.
- G. In the event of a medical emergency, the Guardian gives permission to PSS and any of the above-mentioned persons to provide such emergency medical treatment to the student and/or to transport the Student to the nearest hospital or clinic or any other medical facility which is adequate enough to provide sufficient and proper emergency medical treatment as required by the Student. PSS shall at all times endeavour to contact the Guardian either prior to the administration of the medical treatment or as soon as possible during or thereafter; though, in the event of PSS being unable to contact the Guardian, the Guardian herewith consents to the necessary emergency medical treatment being administered to the Student, nonetheless.
- H. The PSS, as a precondition to the Student being allowed on the said Activities, requires the guardian of said Student to waive all liability that it or any of its officials, staff members, or other parents might incur on the said Activities, with regard to the well-being of the said Student and to indemnify it and or its officials and to hold them harmless against any claims arising from the said Activities, with regard to the well-being of the said Student.

Mother

Father

- I. The Guardian has agreed to waive all liability that PSS or any of its officials, staff members, or other parents might incur on the said Activities, with regard to the well-being of the said Student, and to indemnify PSS and or any of its officials and to hold them harmless against any claims arising from the said Activities, with regard to the well-being of the said Student.

NOW THEREFORE:

1. Indemnity and voluntary assumption of risk:

- 1.1 In consideration of the above, the Guardian does hereby indemnify and agree to hold PSS, its governing boards, employees, agents, and any private parent as aforementioned, harmless against all claims, costs, charges or expenses, which the PSS, its governing boards, or any of the aforementioned persons may at any stage become liable for to pay in connection with or arising from any damage, loss (including consequential loss), any medical treatment (emergency or otherwise), or injury of any description whatsoever and howsoever incurred, which may be suffered by the Student while traveling to the destination of the Activities, attending to the Activities, and travelling back to PSS.
- 1.2 We understand that PSS and or any parties mentioned in 1.1 are not insured against any such damage or injury or loss and we hereby voluntarily accept the risk of any such damage or loss or injury being sustained by the student, insofar as it might result from any negligence (except gross negligence) on the part of PSS and or any of its officials. We realise that the said Student has voluntarily and without any inducement from any official of PSS agreed to participate in the said Activities and we therefore agree not to hold PSS and/or any of its officials liable for any injuries and damages sustained by the Student in these Activities or as a result of the Activities and to indemnify PSS and/or its officials against any claim arising from the said Activities.
- 1.3 The said Student is privately insured by the Guardian.

Mother

Father

1.4 The Guardian acknowledges that (a) s/he has had sufficient time to review and consider this General Indemnity, Waiver of Liability, and Acceptance of Risk thoroughly; (b) s/he has read and understands the terms hereof and his/her obligations and waivers hereunder, and (c) s/he enters herein with full knowledge and understanding of the contents hereof and with his/her own free will and with full capacity and authority to do so. The Guardian further represents and warrants to PSS and acknowledges and agrees that s/he has had the opportunity to seek and was not prevented nor discouraged by PSS from seeking independent legal advice prior to the execution and delivery hereof and that, in the event that s/he did not avail his/herself of the opportunity to get independent legal advice prior to the signing hereof, s/he did so voluntarily and without any undue pressure and agrees that his/her failure to obtain independent legal advice shall not be used as a defense to the enforcement of his/her obligations and waivers hereunder.

Signed and executed at Swakopmund on this _____ day of _____ 20_____.

Mother

Father

CONDITIONS OF ADMISSION

The undersigned, in their capacity as the parents/legal guardians (hereafter referred to as 'the Parents') of _____ (hereinafter referred to as 'the Child') declare ourselves bound by the below terms, conditions and obligations for admission and continued schooling of our Child at the Private School Swakopmund (hereinafter referred to as "PSS"):

PSS Charter

The PSS Charter sets forth the values of the School, as well as the School's rules and regulations. The Parents declare, that they have received the link to said document <http://www.pss.com.na/home> for perusal and future reference. They furthermore declare themselves and the Child bound by this policy document.

Academic Conditions

Academic conditions will be met if the Parents agree to entrance screening or assessment of the Child and provide the School with the required academic and school reference reports of the Child's previous school as well as the Child's latest psychological or occupational therapist report, where such a report could assist in making allowances for the Child at PSS.

Revealing Information

The Parents herewith authorise the previous or present school of the Child to provide information about matters of the Child's health, academic performance, conduct and to provide information about the manner in which the Parents have serviced their debt to that school, whilst the Child attended such previous school.

The Parents are required to inform the School of any special educational needs of the Child known to them in writing, prior to the enrolment

Should the Child, at the discretion of the School, be enrolled, the Parents undertake to provide utmost cooperation to the School and to provide any and all support required. Should the School, at its sole discretion, be unable to continue to support the special educational needs of the Child, it may after *due consultation with the Parents*, cancel this contract of enrolment by giving due notice.

Financial and Administrative Obligations

The Parents herewith confirm that they will meet financial as well as administrative obligations in that they will:

- effect payment of Application, Administration and Registration fees **before** admission of the Child;
- pay monthly school fees in advance and that they will do so on or before the **7th day of each month**;
- pay School fees during the notice period of **2 (two) months**, whilst notice being given in the last trimester will run until the end of that calendar year.

Parents take note

- that the PSS School Board or School Management reserve the right to cancel the registration of a child for a **following school year** if a child's school fees are outstanding.
- where no cancellation is received, a child will automatically be registered for a following school year.
- that should a cancellation become necessary due to a change of locality during a school calendar year, notice must be given to the PSS School Management in writing at least **2 (two) months** in advance.
- that should notice be received in the middle of a month for the end of the month the following **2 (two) month's fees** will be due in lieu of notice.
- of the banking details of the School

Private School Swakopmund Operations
NEDBANK of Namibia
Branch code: 461052
Account no: 11 0000 555 59.

Signed at _____ on this ____ day of _____ 20 ____.

Name of Parent 1: _____ Signature of Parent 1: _____

Name of Parent 2: _____ Signature of Parent 2: _____

Witness 1: _____

Witness 2: _____

PRIVATE SCHOOL
SWAKOPMUND



Carpe Diem



CONFIDENTIAL STUDENT REFERENCE REPORT

To be completed by current Head of School or any person with the knowledge to comment on the different areas of the student concerned.

One of your school's students has applied for admission at Private School Swakopmund.

This confidential reference forms part of our admissions process.

The information supplied to us in this report will enable us to place the student more accurately.

Please complete this report and email to secretary@pss.com.na

STUDENT DETAILS

| | |
|---------------------------------|--|
| Student name & Surname | |
| Date of Birth | |
| Name of School | |
| Date admitted to present school | |
| Current Grade | |

CATEGORY A: SKILLS

Please tick boxes in each category that best describes this student

| | | | | |
|------------------------------|--|---|---|---|
| Conduct | <input type="checkbox"/> Outstanding | <input type="checkbox"/> Usually Good Behaviour | <input type="checkbox"/> Occasional Misconduct | <input type="checkbox"/> Frequent Disruptions |
| Leadership | <input type="checkbox"/> Outstanding | <input type="checkbox"/> Contributing | <input type="checkbox"/> Minor Activities | <input type="checkbox"/> Few or no activities |
| Emotional maturity/stability | <input type="checkbox"/> Very Mature | <input type="checkbox"/> Average | <input type="checkbox"/> Somewhat Immature | <input type="checkbox"/> Very Immature |
| Social relationships | <input type="checkbox"/> Healthy Relationships | <input type="checkbox"/> Has minor problems | <input type="checkbox"/> Relates Poorly | |
| Self-confidence | <input type="checkbox"/> Healthy Self-image | <input type="checkbox"/> Needs Some Support | <input type="checkbox"/> Needs Much Reassurance | |
| Integrity | <input type="checkbox"/> Very Trustworthy | <input type="checkbox"/> Usually Trustworthy | <input type="checkbox"/> Not Trustworthy | |
| Sense of responsibility | <input type="checkbox"/> Very Responsible | <input type="checkbox"/> Usually Responsible | <input type="checkbox"/> Sometimes Responsible | <input type="checkbox"/> Irresponsible |
| Interaction with adults | <input type="checkbox"/> Comfortable | <input type="checkbox"/> Dependent | <input type="checkbox"/> Shy | |

CATEGORY B: ACADEMIC ACHIEVEMENT IN THE YEAR GROUP *(please tick)*

Below Average Average Above Average

CATEGORY C: EXTRA-CURRICULAR INVOLVEMENT

PARTICIPATION OR INVOLVEMENT IN SCHOOL RELATED ACTIVITIES

| | |
|------------|--|
| Leadership | |
| Culture | |
| Sport | |
| Other | |

CATEGORY D: GENERAL INFORMATION *(Please use the three-point rating scale 3-GOOD; 2-FAIR; 1-POOR)*

| | | |
|--|--|----------|
| Parent participation in school activities | | Comment: |
| Special support required in any way | | Comment: |
| Any other comments you would like to make to enable PSS to have a clear picture of the student | | |

CATEGORY E: FINANCIAL CLEARANCE

| | | |
|-----------------------------------|---------------------------|--------------------------|
| Annual fees previous year: N\$ | Fees paid to date: N\$ | Fees outstanding: N\$ |
| Name of account holder: | Identity number: | Telephone number: |

* Please attach a copy of applicant's statement with your school for at least one year.

| | |
|---|--|
| NAME OF SCHOOL | |
| NAME <i>(Person completing this form)</i> | |
| POSITION | |
| CONTACT NUMBER | |
| EMAIL | |

SIGNATURE:_____
DATE:

WE THANK YOU FOR YOUR ASSISTANCE AND TIME IN FILLING IN THIS FORM.

SCHOOL STAMP