

EFFECTIVE PRIVATE ACADEMY

OMHANDA VILLAGE | P O BOX 13728 , EENHANA CELL: | 081 721 6570 | 081 823 6975

2026 APPLICATION FOR ADMISSION

Passport photo

A Tradition of Excellence and a future of Possibilities

Grade: 1-3

Section A: Particulars of the Child

Section B: Particulars of the Mother or Guardian

Section C: Particulars of the Father or Guardian or Next of Kin

Section D-F: Section D-F: Health Information ,Agreements, Consent, Documents and Signatories

| SECTION A: PARTICULARS OF THE CHILD | | | | |
|--|------|----------------------------|--------|--|
| SURNAME: | | | | |
| FIRST NAME(S): | | | | |
| GENDER (M/F): | | DATE OF BIRTH (DD-MM-YYY): | | |
| PLACE OF BIRTH: | | | | |
| CURRENT GRADE: | | | | |
| NAME OF SCHOOL: | | | | |
| SECTION B: PARTICULARS OF THE MOTHER OR GUARDIAN | | | | |
| SURNAME: | | | | |
| FIRST NAME(S): | | | | |
| OCCUPATION: | | | | |
| EMPLOYER: | | | | |
| RESIDENTIAL ADDRESS: | | POSTAL ADDRESS | | |
| | | | | |
| | | | | |
| TELEPHONE(W): | FAX: | | EMAIL: | |
| TELEPHONE (H): | | CELLPHONE: | | |
| | | | | |

| SECTION C: PARTICULARS OF THE FATHER OR GUARDIAN OR NEXT OF KIN | | | | | |
|---|---------------------------|---------------------|----------------------|--|--|
| SURNAME: | | | | | |
| FIRST NAME(S): | | | | | |
| OCCUPATION: | | | | | |
| EMPLOYER: | | | | | |
| RESIDENTIAL ADDRESS: | | POSTAL ADDRESS: | | | |
| | | | | | |
| | | | | | |
| TELEPHONE(W): | FAX: | <u> </u> | EMAIL: | | |
| TELEPHONE (H): | | CELLPHONE: | | | |
| | | | | | |
| | SECTION D: H | EALTH INFORMAT | ION | | |
| Is the child having any chronic | disease or any health con | dition requiring sp | ecial attention? Y N | | |
| If your answer is yes, give deta | ils: | | | | |
| | | | | | |
| | | | | | |
| Is the physically disabled? Y N | | | | | |
| If your answer is yes, give details of the disability: | | | | | |
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SECTION E: REQUIRED DOCUMENTS

The following documents are to be submitted with the application form

- 1. Birth certificate (Child)
- 2. Passport photos (2)
- 3. Previous grade report (Except Pre-Grade)
- 4. Proof of payment (application fees)

BANKING DETAILS

Name of bank: STANDARD BANK

Account name: EFFECTIVE PRIVATE ACADEMY

Account number: 60007500563

Branch: Ongwediva Account type: Pure save

SECTION F: TERMS AND AGREEMENTS

Read through this section carefully before signing on the next section. Make sure you understand these terms and agreements.

- 1. A non-refundable **Application fee of N\$100** is charged on each application made.
- 2. The registration fees are free
- 3. Payment of school fees of **N\$500 (Grade 1 3)** per month should be made on or before 05 of the billed month. i.e. fees of January 2026 should be paid on or before 05 January 2026.
- 4. Each application is only valid for 1 child (i.e. a parent cannot complete 1 application form for 2 children).
- 5. Monthly payments start from January till December (12 months).
- 6. The **school uniform** should be purchased from the school before school starts.

| 7. | 1 | The | parent/legal | guardian | of | |
|----|--|-----------|-------------------|------------|------|--|
| | In Grade A | GREE THA | T I WILL BE PAYII | NG SCHOOLS | FEES | |
| | ON OR BEFORE THE 5 TH OF EACH FOLLOWING MONTH IN ADVANCE. I agree that the child maybe send | | | | | |
| | back home in case of non-payment and if I failed to notify to | the schoo | l. | | | |

| SECTION G: CONSENT BY APPLICANT OR BILL HOLDER | | | | |
|--|-------|--|--|--|
| BILL HOLDER NAME: | | | | |
| CONTACT DETAIL: | | | | |
| SIGNATURE OF BILL HOLDER: | DATE: | | | |
| SIGNATURE OF PARENT (If different from bill holder): | DATE: | | | |