



A Tradition of Excellence and  
a future of Possibilities

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

**2026 APPLICATION FOR ADMISSION**

Passport photo

**Grade: Nursery & Kindergarten**

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**

SURNAME:

FIRST NAME(S):

OCCUPATION:

EMPLOYER:

RESIDENTIAL ADDRESS:

POSTAL ADDRESS

TELEPHONE(W):

FAX:

EMAIL:

TELEPHONE (H):

CELLPHONE:

**THE FATHER OR GUARDIAN OR NEXT OF KIN**

SURNAME:

FIRST NAME(S):

OCCUPATION:

EMPLOYER:

RESIDENTIAL ADDRESS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

POSTAL ADDRESS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TELEPHONE(W):

FAX:

EMAIL:

TELEPHONE (H):

CELLPHONE:

**SECTION D: HEALTH INFORMATION**

Is the child having any chronic disease or any health condition requiring special attention? Y ☐ N ☐

If your answer is yes, give details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is the physically disabled? Y ☐ N ☐

If your answer is yes, give details of the disability: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## 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\$10** is charged on each application made.
2. The registration fees are **N\$100** free
3. Payment of school fees of **N\$400 for Nursery and Kindergarten** 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 November (**11 months**).
6. The **school uniform** should be purchased from the school before school starts.
7. I ..... The parent/legal guardian of ..... In Grade..... **AGREE THAT I WILL BE PAYING SCHOOLS FEES ON OR BEFORE THE 5<sup>TH</sup> 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 the school.

BILL HOLDER NAME:

CONTACT DETAIL:

SIGNATURE OF BILL HOLDER: \_\_\_\_\_

DATE: \_\_\_\_\_

SIGNATURE OF PARENT (If different from bill holder): \_\_\_\_\_

DATE: \_\_\_\_\_