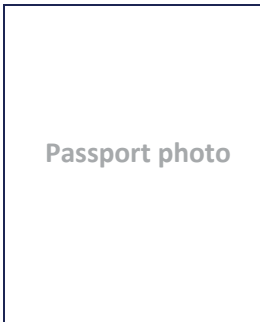




**EFFECTIVE PRIVATE ACADEMY**  
 OMHANDA VILLAGE , P O BOX 1372 BENHANA  
 CELL: | 081721 6570 081 823 6975

**2027 APPLICATION FOR ADMISSION**



## Grade: Nursery -Pre

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: 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:

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 child 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/Baptism Certificate/ etc. (Child)
2. Passport photos (2)
3. Previous grade report (Excepting Pre-Grade only)
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\$20** is charged on each application made.
2. The registration fees are **N\$200**
3. Payment of school fees of **N\$500 and N\$550 respectively (Nursery-Pre)** per month should be made on or before the 05<sup>th</sup> 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 to D (**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 on time.

## 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: \_\_\_\_\_