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Recent Passport

Photo

Registered with the Ministry of Education Arts and culture Registration No 7826

Year :

APPLICATION FORM

COHA takes this opportunity to invite all suitable applicants for possible admission
 This letter should be accompanied by please (x) were applicable

Certified copy of birth certificate Certified copy of Id both parents Copy of recent therapy report
 Certified copy of account holder Copy of recent school report Copy recent passport photo
 Registration fee paid

Complete the areas on the form in **BLOCK LETTERS** in ink (black) and cross where applicable (x)
 A non-refundable fee of **N\$ 50.00** must accompany this application form. **Please attach the original deposit slip or EFT (cash strictly not accepted)**

Payment can be done by bank deposit Or EFT. Banking details

Circle of Hope Private Academy

Frist National Bank: Business Account 62268073964

Windhoek Branch

Learner's Details

Surname:					First Name:				
Date of birth:					Citizenship:				
Residential address:					Phone:				
					Gender: Male <input type="checkbox"/>		Female <input type="checkbox"/>		
Number of children in family <input type="checkbox"/>		position of child in family <input type="checkbox"/>		Resides with Parent <input type="checkbox"/>		Guardian <input type="checkbox"/>			

Region cross the appropriate region of origin

Zambezi	Erongo	Hardap	//Karas	Kavango Eat	Kavango West	Khomas	Ohangwena	Omaheke	Omusati	Oshana	Oshikoto	Otjozondjupa
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General information

Main Stream Division

Pre-primary Grade 1 Grade 2 Grade 3

Special Needs Division

Where you in a Special class? YES NO

Special Needs: Slow learner Down Syndrome Autism

Parent details Father/ Guardian

Name & Surname	
ID Number:	
Postal Address:	Town:
Email Address:	Cell
Employer:	Occupation

Parents details Mother/ Guardian	
Name& Surname:	
ID Number:	
Postal Address:	Town:
Email Address:	Cell:
Employer	Occupation:

Language Proficiency (x)			
	Good	Fair	Poor
English			
Other:			
Other:			

Educational Background	
School Attended:	Highest grade:
Address:	
Phone:	Year Completion:

Medical Health Professions		
Profession	Name	Contact Details
Medical Doctor		
Speech and Audiologist		
Occupational therapist		

Medical Aid	
Name	Member No.
Main member initials and surname:	
Main member ID No	
Option:	

Learners Medical details- Consent
In a critical medical situation, please bear in mind that there may not be time to refer to the learner's records. The school therefore reserves the right to utilise the quickest medical service available. I, _____ being the parent/ legal guardian of _____, hereby agree that a medical practitioner may provide emergency treatment as may be necessary. Signature _____ Date _____

Emergency Contact Details	
Full names & Surname:	
Relationship:	
Work:	Cell:
Email Address	

Details of person responsible for school account (Account Holder)

Surname:

Full name as on ID:

Id No

Relationship:

Marital status:

Occupation:

Employer:

Residential Address:

Work Address:

Postal Address

Tel. H

Tel. W

Cell:

Email Address

Payment method

Monthly debit order Monthly EFT **Agreement between Circle of Hope Private Academy and the parent or guardian**

Contractual agreement between Circle of Hope and the parent/ guardian indicated below.

I, _____ ID number _____ the undersigned parent/
guardian of Name _____ Surname _____ Grade _____

Agree to the following:

1. I accept that Circle of hope Private Academy is a school based on Ministry of Education curriculum and activities will be part of being a learner at this school.
2. I under and accept that:
Acceptance of a place at the school is made in the clear knowledge and understanding of the vision and mission statements of the school I as parent/ guardian. Commit myself to the full participation in the total curriculum (academic a non-academic activities) of the school and that it is conditional to the child registration at the school.
3. That I, the parent/ guardian, will support and abide by the established school policies and code of conduct (written and defect) as are current any given time and that I will ensure that my child abide by these.
4. That I, the parent/ guardian (account holder) as indicated in Section 9 of this application, accept the financial responsibility for all school fees and charges on behalf of the child as laid down by the school and as stipulated below:
School fees are paid in advance. Payments received in advance and no later than 3rd.
5. In the event of non-payment of my account by the 3rd the school will notify me via call or email which will serve as first notification.
6. In the event of non-payment of my account the 3rd of the next month, my child will receive a written notification by hand from the school as final notification to settle any outstanding accounts
7. Failure to settle my account by end of the month I understand my child will not be allowed to return to school until my outstanding is paid in full.
8. I should I fail to honour the proposed payment plan , I understand that my child will be required not to return to school till outstanding is paid in full.
9. To pay an annual registration fee per child upon registration. This fee includes the costs for a revenue stamp and is non-refundable.
10. That I shall give one month notice before withdrawing my child from the school. Such notice must be given the 1st month. I further accept liability for one month's fee such notice and no refunds will be given to me on school fees paid upfront if I fail to give one month notice.
11. The principal or an appointed representative will be authorized to act at the school on behalf of parents in all matters affecting the child while at school.
12. That I, the parent or guardian, hereby indemnifies and hold harmless the school ,the owner, all employees of the school and any parent acting as a school official in any school activity , against all and any claims from any injury (light, Serious ,fatal) to the child arising from any accident and /or activity partaken in by the child during the following:

- 12.1 Transport by bus, mini-bus or private vehicles
- 12.2 All Informal activities during school or after school
- 12.3 All formal sport and cultural activities

- 13. That I undertake to settle accounts or costs incurred in the event of my child having to receive medical treatment at a hospital, doctor's surgery or other institution and to settle the account with the doctor/hospital directly as well as any costs that the school might spend/incur in this regard
- 14. That my child shall abide by all the school rules and regulations (disciplinary code) as laid down from time to time and that I will give any support to the school in this regard.
- 15. That the principle may summarily suspend the child from the school pending an investigation into gross misconduct by the child.
- 16. That during a disciplinary hearing, the following persons may be present: principle, teacher, school board member, accused learner and parent. Lawyers may not get involved in the disciplinary hearing at school.
- 17. I undertake to take matters relating to educational issues directly to the teacher concerned. I further accept that the official channels for voicing concerns, by appointments, are in the following order: the principle, teacher and school board.

Activities table

Below are the areas in the school where you as a parent can be involved in. choose something that will fit your schedule, you have the talent and experience for and passionate about. Remember, this school belongs to you and every other parent. There for we ask you to take ownership for the school and provide your assistance to the benefit of all children attending COHA. Please refer to the table below for a list of how you can be of assistance and complete the table below:

Area of assistance	I commit to assist with
1. Academic & curriculum	
2. Sport	
3. Culture	
4. Social sport	
5. Marketing & public relations	
6. Fund raising	
7. Infrastructure & resource maintenance	

I declare that the information that I have given in this form is true and complete and that I have not withheld any relevant information. I hereby also give consent for the release of this information to relevant professionals and or agencies, and the circle of hope private academy school to contact the professionals and agencies in order to facilitate the application.

Name of Parent/Guardian

Signature

Date

Delete whichever is not Applicable

Assisted by (if applicable): _____
Name and signature of person from the person who assisted the parent/guardian with this declaration

Office use only

Application Reviewed by	Date of Review	Admission status (successful/ not successful)	
Approved by:	Date	Admission status (successful/ not successful)	
Response(send back to parents	Date	Electronic/ mail/post/ handpicked from school	