

DUNESIDE HIGH SCHOOL



APPLICATION FOR NEW LEARNERS

P.O Box 1189
 Walvis Bay, Namibia
 Tel: +264 64 203782
 Fax: +264 64 204735
 16th Road, Hermes, Walvis Bay
 Email: secretary@dhs.com.na

ATTACH **TWO**
 RECENT
 PASSPORT PHOTOS

NOTE:

- This application does not guarantee placement in the school, nor does the date of application indicate any specific order of priority.
- Registration fee is payable upon acceptance.
- Only written cancellation of placement is accepted.

(FOR OFFICE USE)

ADMISSION NUMBER		FAMILY CODE/ACCOUNT NUMBER	
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APPLICATION FOR YEAR	2024	APPLICATION FOR GRADE	
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LEARNER'S FULL NAME:			
SURNAME:			
DATE OF BIRTH:		GENDER:	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
NATIONALITY/CITIZENSHIP:			
PREVIOUS/CURRENT SCHOOL: <small>(Attach study permit if not a Namibia)</small>			

DOCUMENTATION ATTACHED – FOR OFFICE USE ONLY

Certified copy of FULL birth certificate and or passport of learner (non-Namibians).		Grade 0 & 1 – SCHOOL READINESS TEST	
Certified copies of ID of BOTH parents.		A copy of most recent school report and last grade passed from previous school. (If applicable) Transfer letter from previous school	
Proof of residential / work address.		Certified copy of study permit if applicable.	
TWO recent passport photos of learner.		COMPULSORY: Only LEGAL GUARDIAN/S - Certified copy of Legal Guardianship document.	
Copy of Medical Aid Card			
Grade 0 – Immunization Card		ACCEPTED /DECLINED	

Date of application received: ____ / ____ / ____

Principal: _____

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ADMISSION APPLICATION

APPLICATION FOR GRADE

<u>LEARNER INFORMATION</u>					
SURNAME:		INITIALS:			
FULL NAME:		PREFERRED NAME:			
DATE OF BIRTH:		GENDER:		MALE	FEMALE
NATIONALITY:		ETHNIC GROUP:			
RELIGION:		HOME LANGUAGE:			
PHYSICAL ADDRESS:			POSTAL ADDRESS:		
NAME OF PREVIOUS/CURRENT SCHOOL:					
NR OF CHILDREN IN FAMILY		POSITION OF CHILD IN FAMILY:			
NAME AND GRADE OF SIBLINGS AT SCHOOL					
NAME:		GRADE:			
NAME:		GRADE:			
NAME:		GRADE:			
FAMILY DOCTOR:		CONTACT NUMBER:			
MEDICAL AID NAME:		MEDICAL AID NUMBER:		MAIN MEMBER:	
ALLERGIES/MEDICATION/MEICAL CONDITION:					
PARENT DECEASED: (Please select the correct option)		FATHER	MOTHER	BOTH	NONE
PREFERRED SPORTS: (Athletics and ONE other sport COMPULSORY)		ATHLETICS		NETBALL	
		HOCKEY		SOCCER	
ANY OTHER SPORT:		SPORT CLUB:			
DISTANCE FROM HOME TO SCHOOL	0 - 5 KM		MODE OF TRANSPORT TO SCHOOL	TAXI	
	5 - 10 KM			PRIVATE/WALK	
	10+ KM			PARENTS	



BIOLOGICAL PARENTS' INFORMATION

BIOLOGICAL FATHER

INITIALS:		SURNAME:		FULL NAME:	
IDENTITY NUMBER:		PASSPORT/VISA:(if applicable)			
POSTAL ADDRESS:		PHYSICAL ADDRESS:			
ETHNIC GROUP:		NATIONALITY:			
CONTACT NR:		EMAIL ADDRESS:			
MARITAL STATUS:		NAME OF EMPLOYER:			
OCCUPATION:		TEL(W):			
SUPERVISOR:		CONTACT NUMBER:			

BIOLOGICAL MOTHER

INITIALS:		SURNAME:		FULL NAME:	
IDENTITY NUMBER:		PASSPORT/VISA:(if applicable)			
POSTAL ADDRESS:		PHYSICAL ADDRESS:			
ETHNIC GROUP:		NATIONALITY:			
CONTACT NUMBER:		EMAIL ADDRESS:			
MARITAL STATUS:		NAME OF EMPLOYER:			
OCCUPATION:		TEL(W):			
SUPERVISOR:		CONTACT NUMBER:			

IN CASE OF EMERGENCY
(Alternative contact details if parents are not reachable)

SURNAME:		FULL NAME:	
RELATIONSHIP TO CHILD:		CONTACT NUMBER:	(W)
			(H)
SURNAME:		FULL NAME:	
RELATIONSHIP TO CHILD:		CONTACT NUMBER:	(W)
			(H)

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ACCOUNT HOLDER DETAILS

NAME & SURNAME OF PERSON RESPONSIBLE FOR SCHOOLFEES:					
ACCOUNT HOLDER (select applicable box)	BIOLOGICAL PARENT/S		BANK NAME:		
	LEGAL GUARDIAN		AMOUNT:	N\$ 2100*	ACTION DATE:
	COMPANY/OTHER		DEBIT ORDER:		YES NO

PAYMENT OF SCHOOL FEES AGREEMENT

If my application for enrollment at Duneside High School is accepted, I will comply with all requirements regarding monthly school fees, reports and instructions.

I undertake to pay, monthly by stop order on or before the 5th of each month, the school fees amount of approximately N\$2100* per child.

Upon notification of acceptance of my child, I shall submit within 48 hours:

- the required **Registration Fee of N\$3000**

REGISTRATION FEES ARE NON-REFUNDABLE.

Upon receipt of above payment, the school will send me an official acceptance letter and/or inform me telephonically.

I understand and accept that failure to do so will result in the cancellation of enrollment of my child at Duneside High School, as well as loss of credits.

Should outstanding fees not be paid within 14 days of date of default, a breach of the terms of admission will be declared and the learner will not be allowed to return to school.

Signed at on day of 20

NAME OF PARENT/ACCOUNT HOLDER:

SIGNATURE OF PARENT/ACCOUNT HOLDER:



DECLARATION OF BIOLOGICAL PARENT(S)/LEGAL GUARDIAN(S)

I/We, the **BIOLOGICAL PARENT(S) / LEGAL GUARDIAN(S)**, solemnly declare that:

- I/we take note of the rules and regulations as set by the Governing Body and Management of Duneside High School, and acknowledge that we understand the implications, which we undertake to abide by.
- I/we will uphold the school’s disciplinary code, rules and policy, with acknowledgement of the meanings and implications. I/We undertake to abide by as well as honour and obey the school’s ethos and character by not slandering or bringing the name of the school into disrepute publicly.
- I/We shall seek to resolve problems and secure information through appropriate channels within the school (i.e Educator, Principal or Governing Body).
- I/We shall recognize the school’s need to raise extra funds to balance the books and commit to active involvement in fundraising activities initiated by the school.
- I/we will co-operate in all respects to achieve acceptable scholastic progress by the learner.
- ***I/we, the biological parent(s) / legal guardian(s), undertake to punctually and timeously pay the school fees as stipulated. We declare our understanding that failure to do so, may result in legal action taken against us. Should outstanding fees not be paid within 14 days of date of default, a breach of the terms of admission will be declared and the learner will not be allowed to return to school, write exams or receive a report card.***
- I/we understand that this document also serves and is accepted as such by us, the BIOLOGICAL PARENT(S) / LEGAL GUARDIAN(S), as an INDEMNITY FORM, indemnifying the School and Governing Body from any repercussions, such as, but not restricted to, personal injuries suffered, personal injuries caused, property damages suffered or caused whether on or off the school premises, including if/when the learner goes on trips for sport and extra-mural activities and the school’s/private bus/transport is used.
- I/we give permission to the school/organisers of the sport event to assist my child with any medical assistance that might be necessary. I/we further declare that I/we shall be fully responsible for any costs which may be incurred in respect of such assistance/aid.
- I/we give permission to the School Management/Governing Body to perform any such act as an “illegal substance search”, in order to assure the safety of our learners.
- by affixing my signature hereto, I confirm that I/we am/are the BIOLOGICAL PARENT(S) / LEGAL GUARDIAN(S) and duly authorised to act on behalf of the learner.
- I/we have read and understood the content of this application form and all information supplied by me/us is true and correct.

.....
FULL NAME OF BIOLOGICAL FATHER

.....
DATE

.....
SIGNATURE

..... FULL NAME OF BIOLOGICAL MOTHER DATE SIGNATURE
..... FULL NAME OF LEGAL GUARDIAN DATE SIGNATURE

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COMMISSIONER OF OATHS

I,(name), hereby certify that –

1. I have satisfied myself of the identity of the deponent, Mr/Mrs/Miss
by reference to his/her Identity Card/Document No.....
reflecting his/her citizenship as
2. Before administering the prescribed oath/solemn declaration, I put the following questions to the deponent and noted his/her reply in his/her presence.
 - a) Do you know and understand the contents of the above declaration?
Reply
 - b) Do you regard the prescribed oath as binding on your conscience?
Reply
3. The deponent has acknowledged that he/she knows and understands the contents of the declaration. This declaration was duly sworn to/solemnly affirmed before me and the deponent’s signature/thumb print/mark was appended thereon in my presence.

Date: Signed:
Commissioner of Oaths

Place:
Designation/Rank

.....
Signature of PARENT Other names and surname

.....
Signature of PARENT Address:

.....
Signature of LEGAL GUARDIAN

DUNESIDE HIGH SCHOOL



CREDIT TERMS AND COLLECTION PROCEDURES

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1. CREDIT CHECK

All new parents will be subject to a credit check. This will be obtained by the Accountant, using the information supplied on the Application Form.

2. SCHOOL FEES

School Fees are payable in advance. Details for the payment of school fees are available from the school's administration office.

Methods of payment are:

- 2.1 Annually by the first day of school of the first term of the year;
- 2.2 Monthly direct debit for 12 months (January – December), between the 25th of the preceding and the 1st of every month for fees.
- 2.3 Monthly EFT payments – fees to reach school's bank account no later than 7th of every month. Proof of payment should be mailed to secretary@dhs.com.na or faxed to 064-204735.

3. REGISTRATION

Parents/Guardians are obliged to complete the entire Application Form and submit all required documentation. Non-refundable registration and Re-enrolment fees are payable annually.

4. ANNUAL REGISTRATION AND RE-ENROLMENT FEES

Students are required to be registered at the school on an annual basis. An **Indemnity** document should be completed on an annual basis. Students may not attend school unless the annual Re-enrolment fee has been received by the school. Any outstanding fees from the previous year must be settled before registering at the start of the year. In the event that a parent/guardian is not able to comply, they must make an acceptable arrangement indicating when fees will be paid. Should they fail to meet that promise, they will deem to be in breach of the contract, and the student will not be able to register for the new academic year or if they have already registered, be removed from the register.

5. PROCEDURES FOR COLLECTION OF ANY OUTSTANDING FEES

- 5.1 Fees that are due after the final date will be subject to collection procedures which will, inter alia, include Telephonic, SMS and E-mail reminders.
- 5.2 The reminders will be communicated on a termly basis by the School Administrator (i.e maximum of 2 reminders).

- 5.3 A collection fee of N\$150 will be charged per reminder/notification for school fees in arrears.
- 5.4 Where school fees and/or exam fees are outstanding, your child(ren) will not be allowed to attend school, sit for the next round of exams or receive their progress report.
- 5.5 Accounts that become older than 60 days will be handed over for collection by the school's Legal Representatives and any fees charged for the collection of outstanding fees will be for the account of the applicable parent; and the school reserves the right to terminate the contract and alternative arrangements should be made for the student(s) in question.
- 5.6 In the case, where a written application and valid reasons are provided and received by the school's GOVERNING BODY for the repayment of fees that are in arrears before the account is handed over for collection, then the account will not be handed over immediately. The school's GOVERNING BODY will consider the reasons provided and application for repayment and notify the parent concerned of the outcome of their decision in writing. This arrangement will, however, be accepted for fees in arrears only and not the subsequent fees.
- 5.7 All procedures and communications concerning the collection of fees will be conducted by the school's Legal Representatives. The Principal of the school will not be involved in the process.
- 5.8 The school reserves the right to hand any debtor with an account older than 60 days over to the school's Legal Representatives.

6. GENERAL

- 6.1 The school reserves the right to record any conversations with parents.
- 6.2 All communications concerning arrangements for the payment of outstanding accounts will be confirmed by the school's Legal Representatives.
- 6.3 Collection fees will be allocated against the account in the following order:
 - 6.3.1 Legal fees
 - 6.3.2 Interest
- 6.4 Any students' termination of contract/enrolment with the school should be communicated in writing ONE calendar month in advance.
- 6.5 Credit balances on the account of a student who has left the school will be refunded to the person(s) responsible for the account within three months after the learner has left the school. Such a request should be made in writing by the person responsible for the account.

I/We have read and understood the content as stated in the Credit Terms/Collection Procedures.

..... FULL NAME OF BIOLOGICAL FATHER DATE SIGNATURE
--	------------------------	-----------------------------

FULL NAME OF BIOLOGICAL MOTHER

DATE

SIGNATURE

.....

.....

.....

FULL NAME OF LEGAL GUARDIAN

DATE

SIGNATURE

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FOR OFFICIAL USE ONLY

FAMILY CODE: _____ CLASS CODE: _____
ADMISSION NUMBER: _____ ADMISSION DATE: _____
SPORTS HOUSE: _____

PUPIL DATA 2024

LEARNER'S SURNAME: _____

FIRST NAME/S: _____

DATE OF BIRTH: _____ MALE FEMALE

NAME AND GRADE OF SIBLINGS AT DUNESIDE:

RELIGION: _____

FAMILY DOCTOR: NAME: _____

CONTACT NR: _____

MEDICAL AID NAME: _____

MAIN MEMBER: _____

NUMBER: _____

DISABILITY: _____

ALLERGY: _____

PARENTS (COMPULSORY)

BIOLOGICAL FATHER/LEGAL GUARDIAN

TITLE: _____

INITIALS: _____

SURNAME: _____

NAME: _____

RELATIONSHIP: _____

NATIONALITY: _____

ID NUMBER: _____

COMPANY: _____

OCCUPATION: _____

TEL (W): _____

CELL: _____

EMAIL: _____

MARITAL STATUS: _____

ETHNIC GROUP: _____

TEL (H): _____

RESIDENTIAL ADDRESS **OF CHILD**:

STREET: _____

SUBURB: _____

POSTAL ADDRESS (COMPULSORY):

NAME: _____

P.O BOX/ P/BAG: _____

SUBURB: _____

NAME OF PERSON/S TO CONTACT IN CASE OF EMERGENCY AT SCHOOL:

BIOLOGICAL MOTHER/LEGAL GUARDIAN

TITLE: _____

INITIALS: _____

SURNAME: _____

NAME: _____

RELATIONSHIP: _____

NATIONALITY: _____

ID NUMBER: _____

COMPANY: _____

OCCUPATION: _____

TEL (W): _____

CELL: _____

EMAIL: _____

MARITAL STATUS: _____

ETHNIC GROUP: _____

TEL (H): _____

RESIDENTIAL ADDRESS:

STREET: _____

SUBURB: _____

POSTAL ADDRESS (COMPULSORY):

NAME: _____

P.O BOX/ P/BAG: _____

SUBURB: _____

1. FULL NAME: _____

RELATIONSHIP TO CHILD: _____

CONTACT NR: _____

2. FULL NAME: _____

RELATIONSHIP TO CHILD: _____

CONTACT NR: _____

3. TO WHOM WE SHOULD ADDRESS ALL CORRESPONDENCE: _____