HOPE GARDEN
PRIVATE SCHOOL
CULTIVATING EXCELLENCE

HOPE GARDEN PRIVATE SCHOOL

2027 GENERAL ADMISSION APPLICATION

PHASES: TODDLERS – PRE-PRIMARY

APPLICATIONS CLOSE: 30 SEPTEMBER 2026 | LATE REGISTRATION FEE APPLIES THEREAFTER

INSTITUTIONAL REQUIREMENTS CHECKLIST

- ☐ Birth Certificate
- ☐ Certified Parents' IDs
- ☐ Application Fee Paid
- ☐ 1x Recent ID Photo
- ☐ Vaccination Record
- ☐ Admission Fee Paid

CLASS SELECTION & FEE STRUCTURE

PLEASE SELECT CLASS LEVEL

◯ Toddlers (2–3 years)	N$600
◯ Pre-Kindergarten (3–4 years)	N$650
◯ Preschool (4–5 years)	N$700
◯ Pre-Primary (5–6 years)	N$800

OPTIONAL SERVICES (ADD-ONS)

☐ Official Tracksuit	N$800
☐ Stationery Pack	N$500
☐ Aftercare	N$200
☐ Optional Meals	N$150
☐ Late Registration	N$200

SMART FEE CALCULATOR

Monthly Tuition Fee	N$ _____
Mandatory Application + Admission Fees	N$ 250.00
Official Tracksuit	N$ _____
Stationery Pack	N$ _____
Extended Day Service	N$ _____
Optional Meals	N$ _____

TOTAL INITIAL INVESTMENT
N$ 250.00

PLEASE NOTE:

- Application Fee: N$50
- Admission Fee: N$200
- Tuition and once-off fees are subject to institutional policy.

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Learner Personal Profile & Enrolment Details

Section 1 — Learner Identity

Legal Surname .....

Legal First Name(s) .....

Preferred Name .....

Date of Birth DD MM YYYY | Age on Admission ____ years

Gender ○ Male ○ Female | Home Language .....

Nationality .....

Birth Certificate / ID Number .....

Attach Recent ID Photo

Proposed Start Date DD MM YYYY | Class Applied For .....

Religion (optional) .....

Physical Residential Address

.....

.....

.....

Postal Address *(if different)*

.....

.....

.....

Section 2 — Previous Education

Previous School / Daycare Attended .....

Reason for Leaving .....

Has the learner repeated a grade? ○ Yes ○ No | Siblings at Hope Garden? ○ Yes ○ No

Name(s) of sibling(s) .....

.....

.....

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GUARDIAN PROFILE 01 — PRIMARY CONTACT

SECTION 3 — PARENT / GUARDIAN DETAILS

Full Legal Names & Surname	
ID / Passport Number	
Relationship to Learner	Marital Status:
Cell Number (WhatsApp)	Alternative Number:
Official Email Address	
Occupation	
Employer Name	
Work / Office Address	
Residential Address	
Preferred Method of Communication	☐ Call ☐ WhatsApp ☐ Email

The Primary Contact will receive official communication, invoices, notices, and emergency updates unless otherwise instructed in writing.

WORKING HOURS / AVAILABILITY

Available during school hours?	○ Yes ○ No	Best time to contact:
Can collect learner in emergency?	○ Yes ○ No	

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GUARDIAN PROFILE 02, LOGISTICS & EMERGENCY CONTACTS

SECTION 4 — SECONDARY GUARDIAN / ALTERNATE CONTACT

Full Legal Names .....

ID Number .....

Relationship to Learner .....

Cell Number .....

Email Address .....

Occupation .....

Residential Address .....

.....

SECTION 5 — AUTHORIZED DROP-OFF / PICK-UP PERSONS

	FULL NAME	RELATIONSHIP	CELL NUMBER	ID NUMBER
1				
2				
3				

SECTION 6 — EMERGENCY CONTACTS

	EMERGENCY CONTACT NAME	RELATIONSHIP	CELL NUMBER	ALTERNATIVE NUMBER
1				
2				

LOGISTICS

Usual Transport Arrangement .....

Who normally collects the learner? .....

Is transport service required? ☐ Yes ☐ No

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Medical History, Wellness & Learner Support

Section 7 — Medical Information

- Family Medical Practitioner .....
- Contact Tel .....
- Medical Aid Scheme .....
- Membership Number .....
- Principal Member .....
- Known Allergies .....
- Dietary Needs .....
- Regular Medication .....
- Chronic Medical Conditions .....
- Immunization / Vaccination Status .....

Section 8 — Learner Development & Support

- Special Learning Needs / Developmental Concerns .....
- Speech / Hearing / Vision Concerns .....
- Behavioral or Emotional Support Notes .....
- Any condition the school should know about .....

Emergency Medical Consent

I, the undersigned, authorize Hope Garden Private School to secure emergency medical treatment for my child at the nearest medical facility if I am unreachable. I acknowledge that all costs incurred will be for the account of the parent / guardian.

Guardian Signature _____ Date _____

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FINANCIAL RESPONSIBILITY & INSTITUTIONAL BANKING

SECTION 9 — PERSON RESPONSIBLE FOR ACCOUNT (THE PAYER)

Full Legal Name .....

Relationship to Learner .....

Payer ID Number .....

Payer Cell Number .....

Payer Email (For Official Invoices) .....

Employer / Business Name .....

Billing Address .....

.....

.....

Signature Specimen .....

SECTION 10 — FEE OBLIGATION ACKNOWLEDGEMENT

I, the undersigned, accept full responsibility for the payment of all tuition fees and any other school-related charges incurred during the learner's enrolment at Hope Garden Private School.

I acknowledge the Application Fee and Admission Fee structure as outlined in this application.

I confirm that I have read, understood, and agree to abide by the school's institutional financial policies.

Signature .....

Date .....

INSTITUTIONAL BANKING INFORMATION

BANK WINDHOEK

HOPE GARDEN PRESCHOOL
ACCOUNT: 8051605774
OKAKARARA

STANDARD BANK

HOPE GARDEN PRESCHOOL
ACCOUNT: 60007072030
OTJIWARONGO

FNB NAMIBIA

HOPE GARDEN PRESCHOOL
ACCOUNT: 64284377677
OKAKARARA

Payments should clearly reference the learner's full name.

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CONSENTS, DECLARATIONS & OFFICIAL FINALIZATION

SECTION 11 — CONSENT OPTIONS

- ☐ I consent to my child participating in normal supervised school activities.
- ☐ I consent to first aid being administered when necessary.
- ☐ I consent / do not consent to my child appearing in school photographs or media used for educational and promotional purposes.
- ☐ I consent to receiving official school communication by WhatsApp, email, and phone.
- ☐ I confirm that the information supplied in this application is true and complete.

SECTION 12 — PARENT / GUARDIAN DECLARATION

I, the undersigned parent or legal guardian, declare that the information provided in this application is true, complete, and accurate to the best of my knowledge. I agree to abide by Hope Garden Private School's admissions requirements, financial obligations, code of conduct, and all related institutional policies now in effect or as may be amended from time to time.

Parent / Guardian Name _____ Signature _____

Date _____ Place _____

OFFICIAL OFFICE USE ONLY — EXECUTIVE VERIFICATION

Date Received: _____ Receipt No.: _____

Admission Status: ○ Approved ○ Pending ○ Declined

Class Placement: _____ Start Date: _____

Verified By: _____ Principal Signature & Approval: _____

INSTITUTIONAL SEAL

PLEASE NOTE:

- This page must be signed by the parent or legal guardian.
- Incomplete or unsigned applications will not be processed.
- All information will be treated with the utmost confidentiality.