

Enrollment Form 2026 Application Form


Deadline: 30 November 2025

Application fee: N\$50

Admission fee: N\$200

Student No
For office use only

Accepted

☐

Rejected

☐

Necessary supporting documents, completed sections and forms

Copy of learner's birth certificate

☐

Admission Fees Paid

☐

Copy of parents'/legal guardians' IDs

☐

Application Fees Paid

☐

Copy of learner's vaccination records

☐

Agreement form signed

☐

One recent ID photo of learner

☐

Non-refundable Tuition deposit

☐


This application will be processed only if all fields are legibly completed, are signed and all supporting documents are attached

Application Details

Please select one

2026 Age Group

Daycare/Toddlers (1-2 Years) ☐Pre-Kindergarten (3-4 Years) ☐Pre-School (Grade 00) (4-5 Years) ☐Pre-primary Grade R/0 (5-6 Years) ☐

Please select one option

Half Day ☐ 06.30-13h00Full Day ☐ 06.30-17h00

Learner details

Surname

Name/s as on birth certificate

Preferred name

Date of birth

Current age

Gender:

Male

☐

Female

☐

Home language

Second language

Nationality

Home address

Resides with:

Parents

☐

Guardian

☐

Learner details (continued)

Person dropping learner at school (Toddler class to Grade 1)

Name

Relationship

Learner's education details

Previous school

Tel no.

Learner's medical details

Family Doctor

Name

Address

Tel:

Has the learner received all the necessary immunisations?

Yes ☐

No ☐

If NO, state the reasons below

Learner's medical details (continued)

MEDICAL INFORMATION

1. Does your child have any known allergies (e.g., food, medicine, insect stings)? ☐ Yes ☐ No

If yes, please provide details: _____

2. Is your child on any regular medication? ☐ Yes ☐ No

If yes, please specify medication, dosage, and time(s): _____

3. Does your child have any other medical conditions, special needs, or dietary restrictions the school should be aware of?

Consent to act in a medical emergency

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 of parent/legal guardian _____

Date _____

Personal details of parent/legal guardian (1)

Surname					
Full names as on ID					
ID number					
Designation	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Ms <input type="checkbox"/>	Dr <input type="checkbox"/>	
Relationship			Marital status		
Occupation			Employer		
Residential address	Work address		Postal address		
Tel. H			Tel. W		
Email address					
Parental status	Learner living with parent/s <input type="checkbox"/>		Learner's legal guardian <input type="checkbox"/>		
	Access rights to learner <input type="checkbox"/>		Access rights in emergency only <input type="checkbox"/>		

Personal details of parent/legal guardian (2)

Surname					
Full names as on ID					
ID number					
Designation	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Ms <input type="checkbox"/>	Dr <input type="checkbox"/>	
Relationship			Marital status		
Occupation			Employer		

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Residential address

Work address

Postal address

Tel. H		Tel. W		Cell	

Email address

Parental status

Learner living with parent/s
Access rights to learner☐

Learner's legal guardian

☐☐

Access rights in emergency only

☐

Emergency contact details (not parental)

Full names

Relation to learner

Email address

Cell

Details of person responsible for account

Surname

Full names as on ID

ID number

Designation

Mr

☐

Mrs

☐

Ms

☐

Dr

☐

Relationship

Occupation

Marital status

Employer

Residential address

Work address

Postal address

Tel. H		Tel. W		Cell	

Email address

2026 APPLICATION FORM

Details of children in your care who are currently at this school:

1. Name Class

2. Name Class

Signature of parents/legal guardians and account holder

We, the undersigned parents/guardians, hereby certify that the information provided in this application for admission is complete and accurate. We acknowledge that enrolment is subject to, inter alia, signing a learner admission contract that contains the detailed terms, conditions and requirements for admission. We acknowledge that we have read the school-specific policies and school rules and will accept an offer of placement for our child at the school in accordance with the terms and conditions as set out therein.

These documents, as amended from time to time, are available on the official school website. We further consent to the processing of personal information contemplated in the POPI Act No 4 of 2013, for the following purposes: evaluation of this application form; administration of the contract between us and **Hope Garden Preschool and Daycare cc;**

NB: The signatures of the account holder and both parents and/or legal guardians are required where applicable.

.....
Signature of account holder

Date

.....
Signature of parent/legal guardian (1)

Date

FOR OFFICIAL USE ONLY

Date Application Received:	<input type="text"/>		
Application Fees Paid:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Interview Date: <input type="text"/>
Receipt No:	<input type="text"/>		<input type="text"/>
Application Status:	<input type="checkbox"/> Approved	<input type="checkbox"/> Waitlisted	<input type="checkbox"/> Regretted
Admission Fees Paid:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Receipt No:	<input type="text"/>		
Assigned Class:	<input type="text"/>		
Official Start Date:	<input type="text"/>		
Administrators Name & Surname:	<input type="text"/>		

2026 APPLICATION FORM

The form MUST be received in the School Admissions office by 30 November 2025 at this address:
School admissions, HOPE GARDEN PRESCHOOL & DAYCARE CC, Po Box 4
Okakarara, Namibia. Attention: Mr. G Aib/Mrs T Aib (Center Director)
Alternatively, you can hand deliver it at the Center.
You should receive an acknowledgement within 7 working days of sending your application form.
Please contact School Admissions if it does not arrive. Admission letters will be sent after the due date.

HOPE GARDEN PRESCHOOL & DAYCARE
P.O BOX 4

OKAKARARA, Erf: 902, NHE EXT 1, John Tjikuua Street
Tel/Cell: 0812420612

Email: admissions@hopegardenfamily.org

Web: <https://hopegardenfamily.org>

BANK ACCOUNT DETAILS

BANK NAME:	STANDARD BANK NAMIBIA
ACCOUNT NAME	HOPE GARDEN PRESCHOOL AND DAYCARE CC
BRANCH:	OTJIWARONGO [084573]
ACCOUNT TYPE:	BUSINESS CURRENT
ACCOUNT NO:	60006972321
OUR REFERENCE:	CHILDS FULL NAMES
YOUR REFERENCE:	SCHOOL FEES CHILDS FULL NAMES
PROOF OF PAYMENT:	accounts@hopegardenfamily.org

BANK NAME:	FNB NAMIBIA
ACCOUNT NAME	HOPE GARDEN PRESCHOOL AND DAYCARE CC
BRANCH:	OKAKARARA [280374]
ACCOUNT TYPE:	BUSINESS CURRENT
ACCOUNT NO:	64284377677
OUR REFERENCE:	CHILD'S FULL NAMES
YOUR REFERENCE:	SCHOOL FEES CHILD'S FULL NAMES
PROOF OF PAYMENT:	accounts@hopegardenfamily.org