HOPE GARDEN PRIVATE SCHOOL

CULTIVATING EXCELLENCE

GENERAL ADMISSION APPLICATION

Universal application for Toddlers through Grade 3

DOCUMENT STATUS	FINAL EDITION 2027
DOCUMENT CODE	HGPS-ADM-001-2027
EFFECTIVE PERIOD	2027 ACADEMIC YEAR
APPROVED BY	SCHOOL MANAGEMENT

A clear, child-centred and professionally controlled admissions record

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A DOCUMENT CONTROL & APPROVAL

DOCUMENT TITLE	GENERAL ADMISSION APPLICATION	**DOCUMENT CODE**	HGPS-ADM-001-2027
STATUS	Final Edition	**VERSION**	1.0
EFFECTIVE DATE	1 January 2027	**REVIEW DATE**	30 November 2027
POLICY OWNER	School Management	**APPROVED BY**	School Management
APPLIES TO	Learners, parents, staff and authorised service providers	**LOCATION**	Okakarara, Namibia
CLASSIFICATION	Controlled Institutional Document	**SUPERSEDES**	All earlier versions
OFFICIAL COPY	Digital master and signed hard copy	**AMENDMENT AUTHORITY**	Director and Principal

Approval Signatures

_____ _____

DIRECTOR: MR GERSON AIB _____

DATE

_____ _____

PRINCIPAL: MRS TENDAI TALENT AIB _____

DATE

CONTROL NOTE
Only the version bearing the current document code, version number and approval status is an official school document. Printed copies must be checked against the digital master before use.

I APPLICATION GUIDE & FEE SUMMARY

Complete every applicable section in blue or black ink. Tick boxes clearly.

IMPORTANT ADMISSION NOTICE

Submitting this form does not guarantee placement. Applications are considered according to available capacity, age/grade suitability, complete supporting documents and the school's lawful admissions criteria. Hope Garden Private School does not discriminate unfairly in admissions.

Priority applications for the 2027 academic year close on 30 September 2026. Applications received thereafter remain subject to available space and the published late-registration fee.

Required Supporting Documents

- [ ] Certified copy of learner birth certificate or identity document
- [ ] Certified copies of parent/guardian identity documents
- [ ] One recent passport-size photograph of the learner
- [ ] Latest progress report or transfer document, where applicable
- [ ] Proof of payment of the non-refundable application processing fee
- [ ] Medical, custody or support documents relevant to safe placement

2027 Fee Snapshot

Fee / Service	Amount	Status
Application processing fee	**N$ 50.00**	Required with application; non-refundable
Admission fee	**N$ 200.00**	Payable after placement offer; non-refundable
Stationery and learning kit	**N$ 500.00**	Required unless otherwise advised
Official school tracksuit	**N$ 800.00**	Required uniform item
Aftercare	**N$ 200.00 per month**	Optional / where enrolled
School meals	**N$ 150.00 per month**	Optional / where enrolled
Late registration	**N$ 200.00**	Applies after the stated closing date
Monthly tuition	**See class schedule below**	Payable under the enrolment contract

Monthly Tuition Schedule

Class / Grade	Monthly Tuition
Toddlers (2-3 years)	**N$ 600.00**
Pre-Kindergarten (3-4 years)	**N$ 650.00**

Preschool (4-5 years)	**N$ 700.00**
Pre-Primary (5-6 years)	**N$ 800.00**
Grade 1	**N$ 1,000.00**
Grade 2	**N$ 1,000.00**
Grade 3	**N$ 1,000.00**

2 LEARNER PROFILE & CLASS PLACEMENT

LEGAL SURNAME _____	**LEGAL FIRST NAME(S)** _____
PREFERRED NAME _____	**DATE OF BIRTH** *DD / MM / YYYY* _____
ID / BIRTH CERTIFICATE / PASSPORT NUMBER _____	**NATIONALITY** _____
HOME LANGUAGE _____	**OTHER LANGUAGES UNDERSTOOD** _____
PHYSICAL RESIDENTIAL ADDRESS _____ _____	**POSTAL ADDRESS** _____ _____

Class Applied For

[ ] Toddlers (2-3 years)

[ ] Pre-Kindergarten (3-4 years)

[ ] Preschool (4-5 years)

[ ] Pre-Primary (5-6 years)

[ ] Grade 1

[ ] Grade 2

[ ] Grade 3

PROPOSED START DATE _____	**AGE ON ADMISSION** *Years / months* _____
CURRENT CLASS OR GRADE _____	**CURRENT SCHOOL / ECD CENTRE** _____

Previous Education and Transition

NAME OF PREVIOUS SCHOOL / CENTRE	CONTACT NUMBER
_____	_____
REASON FOR LEAVING	NAMES AND GRADES OF SIBLINGS AT HOPE GARDEN
_____	_____

[ ] Latest report attached

[ ] Transfer document attached

[ ] First formal school placement

[ ] Readiness/support conversation requested

3 PARENT, GUARDIAN & ACCOUNT-HOLDER DETAILS

Parent / Guardian 1 - Primary Contact

FULL LEGAL NAMES AND SURNAME	RELATIONSHIP TO LEARNER
_____	_____
ID / PASSPORT NUMBER	MARITAL STATUS (OPTIONAL)
_____	_____
CELL NUMBER (WHATSAPP)	ALTERNATIVE NUMBER
_____	_____
OFFICIAL EMAIL ADDRESS	OCCUPATION
_____	_____
EMPLOYER / BUSINESS NAME	WORK TELEPHONE
_____	_____
RESIDENTIAL ADDRESS	WORK / OFFICE ADDRESS
_____	_____

Parent / Guardian 2 - Secondary Contact

FULL LEGAL NAMES AND SURNAME	RELATIONSHIP TO LEARNER
_____	_____
ID / PASSPORT NUMBER	CELL NUMBER
_____	_____

OFFICIAL EMAIL ADDRESS	**OCCUPATION / EMPLOYER**
RESIDENTIAL ADDRESS	**WORK / OFFICE ADDRESS**

4 FINANCIAL RESPONSIBILITY & OFFICIAL COMMUNICATION

ACCOUNT-HOLDER RULE
The person named below accepts primary responsibility for invoices, payment communication and compliance with the Financial Agreement and Enrolment Contract. Naming an account holder does not remove any legal responsibility another signatory may have.

FULL LEGAL NAME OF ACCOUNT HOLDER	**RELATIONSHIP TO LEARNER**
ID / PASSPORT NUMBER	**CELL NUMBER**
EMAIL FOR OFFICIAL INVOICES AND STATEMENTS	**EMPLOYER / BUSINESS NAME**
BILLING / DOMICILIUM ADDRESS	**ALTERNATIVE BILLING CONTACT**

Preferred Communication Channels

[ ] Email
[ ] WhatsApp
[ ] SMS
[ ] Telephone call
[ ] Printed notice collected from office

Official notices are regarded as properly delivered when sent to the latest contact details supplied by the parent or account holder. Changes must be reported promptly in writing.

Institutional Banking Information

BANK WINDHOEK	STANDARD BANK	FNB NAMIBIA
Account name: Hope Garden Preschool **Account: 8051605774** **Branch: Okakarara**	**Account name: Hope Garden Preschool** **Account: 60000702030** **Branch: Otjiwarongo**	**Account name: Hope Garden Preschool** **Account: 64284377677** **Branch: Okakarara**

PAYMENT REFERENCE
Use the learner's full name and class/grade as the payment reference. Send proof of payment to the official school finance channel. Cash payments must receive an official numbered receipt.

5 AUTHORISED COLLECTION, TRANSPORT & EMERGENCY CONTACTS

Authorised Persons Who May Collect the Learner

No.	Full name	Relationship	Cell number	ID / passport number
1				
2				
3				
4				

CHILD-SAFETY CONTROL
The learner will not be released to an unknown or unauthorised person. The school may request identification and telephone confirmation. A person who appears impaired, aggressive or unsafe may be refused collection while an alternative authorised person is contacted.

Transport Arrangement

[ ] Parent/guardian collection

[ ] Authorised relative

[ ] School-arranged transport

[ ] Independent driver/taxi

[ ] Walking arrangement approved in writing

DRIVER / TRANSPORT PROVIDER NAME _____	**VEHICLE REGISTRATION** _____
DRIVER CELL NUMBER _____	**USUAL COLLECTION TIME** _____

Emergency Contacts Other Than Parents

EMERGENCY CONTACT 1 - NAME AND RELATIONSHIP _____	**CELL NUMBER** _____
EMERGENCY CONTACT 2 - NAME AND RELATIONSHIP _____	**CELL NUMBER** _____

6 MEDICAL, WELLNESS & LEARNER SUPPORT

FAMILY MEDICAL PRACTITIONER / CLINIC	**CONTACT NUMBER**
MEDICAL AID SCHEME	**MEMBERSHIP NUMBER**
PRINCIPAL MEMBER	**RELATIONSHIP TO LEARNER**
KNOWN ALLERGIES *Food, medication, environmental*	**DIETARY RESTRICTIONS**
REGULAR MEDICATION *Name, dose and timing*	**CHRONIC OR RECURRING CONDITION**
IMMUNISATION STATUS *Up to date / incomplete / unknown*	**LAST TETANUS DATE, IF KNOWN**

Developmental, Learning and Support Information

SPEECH, HEARING OR VISION CONCERN	**MOBILITY OR PHYSICAL SUPPORT NEED**
LEARNING / DEVELOPMENTAL CONCERN OR DIAGNOSIS	**BEHAVIOURAL OR EMOTIONAL SUPPORT NEED**
PREVIOUS ASSESSMENT OR PROFESSIONAL SUPPORT	**OTHER INFORMATION NEEDED FOR SAFE AND EFFECTIVE SUPPORT**

EMERGENCY MEDICAL AUTHORISATION
I authorise the school to provide reasonable first aid and, when I cannot be reached and urgent care is required, to arrange emergency medical assistance. I understand that external medical costs remain for the parent/account holder

unless otherwise required by law.

_____ _____

PARENT / GUARDIAN SIGNATURE

_____

DATE

7 CONSENTS, PRIVACY & PARENT DECLARATION

Separate Consent Choices

[ ] I consent to my child participating in normal supervised school activities.

[ ] I consent to emergency first aid and medical arrangements as stated in this application.

[ ] I consent to receiving official school notices through the selected communication channels.

[ ] I consent to my child appearing in school photographs or videos used for internal records, newsletters or official school media.

[ ] I do not consent to public use of my child's identifiable image. The school may retain images strictly required for safety, identity or legal records.

[ ] I consent to supervised local educational excursions when a specific notice has been issued. Separate consent may still be required for major trips.

INFORMATION AND RECORDS NOTICE
The school collects information necessary for admission, education, safety, communication, billing and statutory record-keeping. Information is restricted to authorised personnel and service providers with a legitimate operational purpose. Parents must keep details accurate and may request correction of inaccurate information, subject to legal record-retention duties.

Parent / Guardian Declaration

[ ] The information in this application is complete and accurate to the best of my knowledge.

[ ] I have disclosed relevant medical, custody, collection, behavioural and learning-support information.

[ ] I understand that placement is not final until the school issues written acceptance and all stated admission conditions are met.

[ ] I agree to read and comply with the School Policy Handbook and the Financial Agreement and Enrolment Contract.

[ ] I will notify the school promptly when contact, medical, custody, collection or account-holder information changes.

[ ] I understand that intentionally false or materially incomplete information may lead to review or withdrawal of an admission offer, subject to applicable law and the learner's best interests.

_____ _____

PARENT / GUARDIAN FULL NAME

_____

ID / PASSPORT NUMBER

_____ _____

SIGNATURE

_____

DATE AND PLACE

8 SCHOOL READINESS & SUPPORT PROFILE

For school use following a conversation, observation or review of previous reports.

This profile supports appropriate placement and early intervention. It is not a discriminatory entrance examination. Observations must be age-appropriate, respectful and interpreted alongside parent information and prior learning experiences.

Domain	Observation prompt	Secure	Developing	Support
Communication	Understands simple instructions; communicates basic needs	[ ]	[ ]	[ ]
Social participation	Separates with support; interacts safely with adults and peers	[ ]	[ ]	[ ]
Self-care	Toileting, eating, dressing and personal routines appropriate to age	[ ]	[ ]	[ ]
Fine-motor development	Handles crayons/pencils and age-appropriate manipulatives	[ ]	[ ]	[ ]
Gross-motor development	Moves safely; balances, runs or participates according to ability	[ ]	[ ]	[ ]
Early literacy	Interest in stories, sounds, name recognition or letter awareness	[ ]	[ ]	[ ]
Early numeracy	Sorting, matching, counting or number awareness appropriate to age	[ ]	[ ]	[ ]
Attention and self-regulation	Participates in short activities and responds to guidance	[ ]	[ ]	[ ]
Support considerations	Identified strengths, adjustments, referrals or follow-up required	[ ]	[ ]	[ ]

STRENGTHS OBSERVED

_____
_____
_____

SUPPORT / ADJUSTMENT RECOMMENDATIONS

_____
_____
_____

PLACEMENT RECOMMENDATION AND FOLLOW-UP DATE

_____
_____

_____ _____

OBSERVER / TEACHER

_____

DATE

_____ _____

PRINCIPAL / AUTHORISED APPROVER _____

DECISION DATE

9 OFFICIAL OFFICE USE & ADMISSION DECISION

DATE RECEIVED _____	APPLICATION RECEIPT NUMBER _____
APPLICATION FEE RECEIPT NUMBER _____	ADMISSION FEE RECEIPT NUMBER _____
DOCUMENTS VERIFIED BY _____	VERIFICATION DATE _____
CLASS / GRADE OFFERED _____	START DATE _____

Admission Status

[ ] Approved

[ ] Approved with support conditions

[ ] Waiting list

[ ] Further information required

[ ] Not approved - written reasons issued

CONDITIONS / REASONS / MANAGEMENT NOTES

_____
_____
_____
_____

_____ _____

PRINCIPAL / AUTHORISED DECISION-MAKER

DATE

_____ _____

PARENT NOTIFIED BY AND METHOD

NOTIFICATION DATE

FINALISATION CHECK
No learner may commence until written acceptance has been issued, required agreements are signed, emergency and collection information is complete, and all commencement conditions have been met.