



**ST GEORGE'S**  
**DIOCESAN SCHOOL**  
 — SINCE 1919 —

## NEW STUDENT APPLICATION

**YEAR OF INTAKE** \_\_\_\_\_

**NAME** \_\_\_\_\_

**GRADE** \_\_\_\_\_

### READ CAREFULLY

**Should any of the requirements as stated in the Conditions of Entry (page 2) not be adhered to, this application will not be processed.**

This Application Pack must be returned to the Admissions' Secretary [admissions@stgeorgesnamibia.com](mailto:admissions@stgeorgesnamibia.com) and be accompanied by a non-refundable Application Fee of N\$400. Should you wish to do an EFT, proof of payment must be attached to this document. The Application Fee covers the cost of the administration of the application, intake assessment and placement on the waiting list, should there not be a placement available immediately.

**Please use this check list to ensure that all the relevant documents accompany this application.**

- Conditions of Entry - Signed*
- Application Form*
- Certified copies child's two most recent school reports*
- Certified copies of his/her FULL birth certificate and/or passport, where applicable*
- Certified copies of both parents' identity documents/passports*
- Certified copy of tax certificate of the account holder*
- Certified copy of child's baptism certificate, if applicable*
- Non-refundable Application Fee of N\$400 ( or proof of payment of EFT)*

### FOR OFFICE USE ONLY

Date of application received _____	Assessment date _____	App Fee Paid <input type="checkbox"/>
SIGNATURE DHP/DHC _____		ACCEPTED <input type="checkbox"/>
DATE _____		REJECTED <input type="checkbox"/>
Contractual Agreement <input type="checkbox"/>	Registration Fee paid <input type="checkbox"/>	Account Number _____
INTERVIEW DATE: _____		

## CONDITIONS OF ENTRY

1. Recommendation from the previous school will be requested. The Recommendation Form must be handed to the principal/head of your child's current school. The completed form is sent directly to St George's Diocesan School via e-mail [admissions@stgeorgesnamibia.com](mailto:admissions@stgeorgesnamibia.com). This information remains confidential.
2. The School's physical environment, facilities and resources limit its ability to provide high quality education to children with special educational needs, whether due to neurological barriers, hearing impairments, visual barriers, physical barriers, behavioural or emotional barriers or any other medically assessed special need. The parent/guardian is required to inform the school in writing, prior to the enrolment, of any special educational needs of the applicant known to them.
3. Enrolment into Grades 2-11 depends on a successful intake assessment; school readiness tests for the specific age group of enrolment into Grade 1 and Pre-Primary classes.
4. Should the child be enrolled at the discretion of the school, the parent undertakes to work closely and co-operatively with the school to provide any and all support required. Should the school, in its sole discretion, NOT be able to continue to support the special educational needs of the child, it will have the power to cancel this contract of enrolment with due notice.
5. On receipt of this form, your child's name will be placed on file. Acceptance of this form and application fee does NOT guarantee nor imply final acceptance of the applicant.
6. Acceptance of an offer of place will render the applicant liable for the following:
  - a. A once-off payment of the School Registration Fee of N\$5 000 (non-refundable).
  - b. Signing of a Contractual Agreement.
7. No student will be admitted to the School until the Registration Fee has been paid in full and the Contractual Agreement has been signed.
8. School fees are payable in advance. See Annexure A for the detailed Fee Schedule and payment options.
9. Written notice of **one full term** is required should the parent/guardian wish to withdraw a student from the school.
10. Should notice be received in the middle of a term for the end of term, the following term's fees will be due in lieu of notice.
11. By signing the Conditions of Entry form, the parent/guardian gives consent for a credit check to be carried out.
12. A tax certificate in the name of the Account Holder must be handed in with this application form.
13. The applicant undertakes to comply with the requirements set out in the Parent Contractual Agreement.

I/we, the legal guardian/s of \_\_\_\_\_ (name of applicant), understand that this application will be registered once all relevant documents are returned to the School.

SIGNATURE

\_\_\_\_\_  
(PARENT/GUARDIAN)

SIGNATURE

\_\_\_\_\_  
(PARENT/GUARDIAN)

DATE

\_\_\_\_\_

### BANKING DETAILS

ST GEORGE'S DIOCESAN SCHOOL,  
FNB NAMIBIA, ACCOUNT NUMBER: 62047678589 BRANCH CODE: 281872  
FEE PAYMENT REFERENCE: App Fee + child's name.



**STUDENT DETAILS**

SURNAME \_\_\_\_\_

FIRST NAMES \_\_\_\_\_

PREFERRED NAME \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ AGE \_\_\_\_\_

HOME LANGUAGE \_\_\_\_\_ RELIGION \_\_\_\_\_

CURRENT SCHOOL \_\_\_\_\_ NATIONALITY \_\_\_\_\_

STUDENT MOBILE \_\_\_\_\_ STUDENT E-MAIL \_\_\_\_\_

APPLIED AT OTHER SCHOOLS **YES/NO (If yes, please list schools)** \_\_\_\_\_

SIBLINGS AT OTHER SCHOOLS

NAME	SCHOOL	GRADE
YES/NO		

**ST GEORGE'S CONNECTIONS**

SIBLINGS AT ST GEORGE'S

NAME	GRADE	YEAR
YES/NO		

ANGLICAN CHURCH MEMBER **YES/NO (If yes, please attach a certified copy of your child's baptism certificate)**

ST GEORGE'S ALUMNI

NAME	RELATIONSHIP	YEAR
YES/NO		

**ADDITIONAL INFORMATION**

ALLERGIES \_\_\_\_\_

PHYSICAL DISABILITIES \_\_\_\_\_

HOUSE DOCTOR \_\_\_\_\_

CONTACT NUMBER \_\_\_\_\_

ANY OTHER CONFIDENTIAL INFORMATION YOU WOULD LIKE TO SHARE WITH THE SCHOOL?

KINDLY NAME ACHIEVEMENTS IN SPORT/CULTURE AND/OR PREFERENCES

## FATHER/GUARDIAN

TITLE	_____	RESPONSIBLE FOR ACCOUNT	_____	(YES/NO)
SURNAME	_____			
FIRST NAMES	_____			
ID NUMBER	_____			
CONTACT DETAILS	Home	_____		
	Work	_____		
	Mobile	_____		
	E-mail	_____		
PHYSICAL ADDRESS	_____			
POSTAL ADDRESS	_____			
OCCUPATION	_____			
EMPLOYER	_____			
NAMIBIAN TAX NUMBER	_____			
Relationship of child to parent/guardian: <b>own father/step father/father deceased/other (specify)</b> _____				

## MOTHER/GUARDIAN

TITLE	_____	RESPONSIBLE FOR ACCOUNT	_____	(YES/NO)
SURNAME	_____			
FIRST NAMES	_____			
ID NUMBER	_____			
CONTACT DETAILS	Home	_____		
	Work	_____		
	Mobile	_____		
	E-mail	_____		
PHYSICAL ADDRESS	_____			
POSTAL ADDRESS	_____			
OCCUPATION	_____			
EMPLOYER	_____			
NAMIBIAN TAX NUMBER	_____			
Relationship of child to parent/guardian: <b>own mother/step mother/mother deceased/other (specify)</b> _____				

SIGNATURE \_\_\_\_\_  
Father/Guardian

SIGNATURE \_\_\_\_\_  
Mother/Guardian

DATE \_\_\_\_\_



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## **RECOMMENDATION FORM BY HEAD OF SCHOOL/PRINCIPAL**

*This is a confidential document which is to be completed by the Head/Principal  
of the student's current school and e-mailed to [admissions@stgeorgesnamibia.com](mailto:admissions@stgeorgesnamibia.com)*

NAME AND SURNAME OF STUDENT \_\_\_\_\_

CURRENT GRADE OF STUDENT \_\_\_\_\_

<b>ACADEMIC AND SOCIAL DEVELOPMENT</b>	<b>NO BASIS FOR JUDGEMENT</b>	<b>BELOW AVERAGE</b>	<b>AVERAGE</b>	<b>GOOD</b>	<b>EXCELLENT</b>
Academic ability					
Motivation					
Study habits					
Organisational skills					
Attitude and commitment to school work					
Self-discipline					
Ability to work independently					
Respect for and adherence to school's Code of Conduct					
Respect for values, norms and traditions of the school					
Respect for authority (management, teachers, etc.)					
Preseverance					
Consideration for others					
Self-confidence					
Leadership					
Maturity					
General behaviour					

**PARENT'S INVOLVEMENT WITH SCHOOL RELATED AFFAIRS**

**PAYMENT OF SCHOOL FEES**

**ANY OTHER CONFIDENTIAL INFORMATION**

**DISCIPLINARY RECORD**

*Details regarding any disciplinary proceedings contemplated and/or initiated against the learner and, in the latter event, the outcome thereof:*

I herby declare that the above mentioned information is correct.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE: HEAD OF SCHOOL/PRINCIPAL

\_\_\_\_\_  
NAME IN PRINT

**School Stamp**