



Highgate Private School

Enrolment Form

ERF 1076 Bateleur Street, Hocklandrand, Windhoek

Highgate

Highgate Private School

info@highgateprivateschool.edu.na

+264 81 141 8250 HochlandRand, Windhoek

GRADE

YEAR

LEARNER'S INFORMATION

SURNAME:	
FIRST NAME:	
OTHER NAME/S (IF APPLICABLE)	
GENDER (TICK) <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	DATE OF BIRTH ____ / ____ / ____
BIRTH CERTIFICATE NO.:	RELIGION (DENOMINATION):
PHYSICAL ADDRESS:	
STREET:	
SUBURB. :	
TELEPHONE NUMBER _____	MOBILE NUMBER _____

ADDITIONAL INFORMATION:

PREVIOUS SCHOOL/ KINDERGARTEN	
IS THE CHILD TRANSFERRING?: YES <input type="checkbox"/> NO <input type="checkbox"/>	
IS THE CHILD REPEATING ?:	YES <input type="checkbox"/> NO <input type="checkbox"/>
FAMILY MEMBERS ATTENDING HIGHGATE PRIVATE SCHOOL (IF ANY):	
1.	GRADE:
2.	GRADE:

Required Documents (Please Attach Copies): (For Office Use Only)

- | | |
|--|---|
| <input type="checkbox"/> Birth Certificate | <input type="checkbox"/> Certified Copy of ID/ Passport for person responsible for fees payment |
| <input type="checkbox"/> Progress Report- Latest | <input type="checkbox"/> Proof of Residence (Municipality Bill) |
| <input type="checkbox"/> Study Permit - (Non- Namibian) | <input type="checkbox"/> Copy of alert medical report (if any) |
| <input type="checkbox"/> Transfer letter | |
| <input type="checkbox"/> Application Processed By: _____ | Date: _____ |

PARENTAL INFORMATION

PARENTAL INFORMATION

PERSON RESPONSIBLE FOR SCHOOL FEES PAYMENT

FATHER

TITLE: <input type="checkbox"/> MR <input type="checkbox"/> DR <input type="checkbox"/> PROF
SURNAME:
FIRST NAME/S:
ID NUMBER:
OCCUPATION:
EMPLOYER:
WORK ADDRESS:
TELEPHONE WORK:
MOBILE 1 :
MOBILE 2 :
EMAIL ADD:
RESIDENTIAL ADDRESS:
POSTAL ADDRESS:

MOTHER

TITLE: <input type="checkbox"/> MRS <input type="checkbox"/> DR <input type="checkbox"/> PROF
SURNAME:
FIRST NAME/S:
ID NUMBER:
OCCUPATION:
EMPLOYER:
WORK ADDRESS:
TELEPHONE WORK:
MOBILE 1:
MOBILE 2:
EMAIL ADD:
RESIDENTIAL ADDRESS:
POSTAL ADDRESS:

GUARDIAN INFORMATION*(If the child is not staying with biological parents)*TITLE: ☐MR ☐DR ☐PROF ☐HON

SURNAME:	FIRST NAME/S:
ID NUMBER:	OCCUPATION:
EMPLOYER:	
WORK ADDRESS:	TELEPHONE WORK:
MOBILE 1:	MOBILE 2:
EMAIL ADD:	
RESIDENTIAL ADDRESS:	POSTAL ADDRESS:

RELATIONSHIP OF GUARDIAN TO STUDENT (TICK)

- | | | |
|---|--|--|
| <input type="checkbox"/> RELATIVE | <input type="checkbox"/> ADOPTIVE PARENT | <input type="checkbox"/> HOST FAMILY |
| <input type="checkbox"/> FOSTER PARENT | <input type="checkbox"/> STEP- PARENT | <input type="checkbox"/> FAMILY FRIEND |
| <input type="checkbox"/> OTHER(SPECIFY) | | |

FAMILY EMERGENCY CONTACTS

	NAME	RELATIONSHIP	TELEPHONE	HOME LANGUAGE
1.				
2.				
3.				
4.				

DEMOGRAPHIC DETAILS OF STUDENT			
COUNTRY OF BIRTH:			
RESIDENTIAL STATUS:	<input type="checkbox"/> CITIZEN	<input type="checkbox"/> PERMANENT RESIDENT	<input type="checkbox"/> PERMIT
HOME LANGUAGE (TICK)	<input type="checkbox"/> ENGLISH	<input type="checkbox"/> AFRIKAANS	<input type="checkbox"/> OTHER (SPECIFY)

WHAT IS THE CHILD'S LIVING ARRANGEMENT (TICK ONE)

<input type="checkbox"/> AT HOME WITH BOTH PARENTS	<input type="checkbox"/> MOSTLY WITH ONE PARENT
<input type="checkbox"/> AT HOME WITH GUARDIAN	<input type="checkbox"/> ALWAYS WITH SINGLE PARENT

PREFERRED MODE OF TRANSPORT FOR CHILD

<input type="checkbox"/> OWN TRANSPORT	<input type="checkbox"/> SCHOOL BUS	<input type="checkbox"/> TAXI
<input type="checkbox"/> WALKING	<input type="checkbox"/> OTHER (SPECIFY)	

STUDENT RESTRICTIONS IN EXTRA- CURRICULAR ACTIVITIES

IS THE CHILD RESTRICTED FROM TAKING PART IN SOME SPORTING ACTIVITIES AT SCHOOL	
<input type="checkbox"/> YES	<input type="checkbox"/> NO
IF YOUR ANSWER IS "YES", GIVE REASON	
<input type="checkbox"/> MEDICAL CONDITION	<input type="checkbox"/> PHYSICAL DISABILITY

School Indemnity and Consent

I give permission for my child to appear in school photographs or videos, to be used solely for school-related purposes. I understand that the school will not be held liable for any illness, injury, accident, or mishap involving my child while at school, on school outings, during sports activities, or while using school transport, except in cases of proven negligence. In the event of an emergency where I cannot be reached, I authorise the school to:

1. Administer first aid as reasonably necessary,
2. Seek medical assistance for my child as deemed appropriate by a qualified medical practitioner; and
3. I accept full responsibility for any medical expenses that may arise.

Name of Parent/ Guardian _____ Signature _____

Terms and Conditions

1. Fees and Payment

- 1.1 School fees are payable in advance on or before the 1st day of each month over 11 months, or once-off for the full year.
- 1.2 All fees are strictly non-refundable. Registration fees and the first instalment are also non-transferable.
- 1.3 Late payments attract a 5% penalty on the monthly fee due.
- 1.4 Fees remain payable whether tuition is delivered in-person or virtually.
- 1.5 Students may be withdrawn from class if fees remain unpaid for more than 30 days.
- 1.6 Fees in arrears for more than 3 months will be handed over to debt collectors.
- 1.7 Reports, transfer letters, and other documents will only be issued once all arrears are cleared.
- 1.8 The school reserves the right to increase school fees without prior notice (not applicable to fees already paid).
- 1.9 The school does not extend credit. All services must be paid for in advance.
- 1.10. The school cannot refund or stop charging fees for illness, injury, emergencies, or changes in personal circumstances.
- 1.11. Educational trips are compulsory for all students. Trip costs will be included in the school fees, and parents consent to their child's participation.
- 1.12. The school accepts cash payments until 2:00 p.m. only. EFT payments may be made at any time of the day.

2. Admission, Re-Registration, and Enrolment

- 2.1. Enrolment is confirmed only after full payment of registration fees and the first instalment.
- 2.2. Parents/guardians must submit a completed application form with all required documents.
- 2.3. Required documents include:
 - * A certified copy of the Birth Certificate.
 - * A transfer letter and the latest school report from the previous school.
 - * A certified copy of the student permit (for non-Namibians).
- 2.4. All students are required to re-register at the beginning of each academic year.

3. Withdrawal and Termination of Contract

- 3.1. Parents/guardians must give one full term's written notice for termination of this contract.
- 3.2. In exceptional cases, one month's notice may be accepted.
- 3.3. An official exit form must be completed when a child leaves the school.
- 3.4. If notice is not given, fees for that period remain payable.
- 3.5. Where no notice is provided, this agreement remains binding.
- 3.6. A child may be suspended or expelled for:
 - * Serious or repeated misconduct.
 - * Possession or use of prohibited substances.
 - * Absence of 8 consecutive school days without valid reason or written notice.
- 3.7. In the event of suspension or expulsion, fees remain payable and no refunds will be made.

4. Conduct and Responsibility

- 4.1. Parents/guardians are liable for damages caused by their child while at school.
- 4.2. Students must observe the school's disciplinary code and behaviour standards.
- 4.3. The school reserves the right to enforce disciplinary action, including immediate withdrawal for aggravated or repeated misconduct.

5. Health, Safety, and Liability

- 5.1. Parents/guardians must inform the school of any allergies, medical conditions, or dietary needs.
- 5.2. The school may provide first aid or non-prescriptive medication before seeking professional medical, dental, or optical treatment if necessary.
- 5.3. Parents consent to the school acting in loco parentis in emergencies where urgent medical decisions must be made.
- 5.4. The school shall not be liable for death or personal at school or during school tours.
- 5.5. The school is not responsible for loss, damage, or theft of personal property, even if due to staff omission or negligence.
- 5.6. Parents consent to the normal risks associated with school trips, sporting activities, and excursions, and indemnify the school from liability.

6. Academic and Administrative Matters

- 6.1. The school reserves the right to:
 - * Decide on its teaching and learning materials.
 - * Publish and use information, images, filming, or recordings of students for academic and promotional purposes.
 - * Provide or adjust payment methods at its discretion.
- 6.2. Parents/guardians must keep the school updated with current contact details (phone, email, address) to ensure effective communication.
- 6.3. The school reserves the right to amend policies, procedures, or regulations where necessary in the best interest of the institution.

7. Attendance and Discipline

- 7.1. Parents/guardians must notify the school in advance if they request to take their child out during school hours.
- 7.2. The school reserves the right to withdraw a student for serious or repeated misconduct, including substance abuse or aggravated disciplinary issues.
- 7.3. Students found in possession or using prohibited substances will be removed from the school immediately.

I have read and understood the above terms and conditions and agree to abide by them for the duration of my child's enrolment at Highgate Private School.

Name _____

Signature _____ Date _____

STUDENT MEDICAL DETAILS

DOES THE CHILD SUFFER FROM ANY OF THE FOLLOWING MEDICAL CONDITIONS?: (TICK)			
<input type="checkbox"/> HEARING	<input type="checkbox"/> SPEECH	<input type="checkbox"/> VISION	<input type="checkbox"/> MOBILITY
DOES THE CHILD SUFFER FROM ASTHMA?:		YES <input type="checkbox"/>	NO <input type="checkbox"/>
DOES THE CHILD HAVE ANY OTHER CONDITIONS BESIDES THE ABOVE?: IF YES, PLEASE SPECIFY:		YES <input type="checkbox"/>	NO <input type="checkbox"/>
DOES THE CHILD HAVE ALLERGIES?: IF YES PLEASE SPECIFY:		YES <input type="checkbox"/>	NO <input type="checkbox"/>
IS THE CHILD ON MEDICAL AID?:		YES <input type="checkbox"/>	NO <input type="checkbox"/>
DOES THE CHILD HAVE A PRIVATE DOCTOR?: NAME OF DOCTOR AND PRACTICE:		YES <input type="checkbox"/>	NO <input type="checkbox"/>
LOCATION OF DOCTOR'S PRACTICE: DOCTOR'S TELEPHONE NUMBER:			

SCHOOL UNIFORM

IT IS THE POLICY OF HIGHGATE PRIVATE SCHOOL THAT UNIFORM IS WORN BY ALL PUPILS. I AGREE TO ABIDE BY THE SCHOOL'S POLICY OF WEARING APPROPRIATE SCHOOL UNIFORM BY:
<input type="checkbox"/> ENSURING THAT MY CHILD WEARS SCHOOL UNIFORM EVERY DAY
<input type="checkbox"/> ENSURING THAT ALL UNIFORMS HAVE CLEAR NAME TAGS FOR EASY IDENTIFICATION WHEN LOST AND FOUND.

SCHOOL FEES X 11 MONTHS

Kindergarten	N\$ 1500.00
Grade 1 to 3	N\$ 1600.00
Grade 4 to 6	N\$ 1650.00
Grade 7	N\$ 1700.00
Grade 8	N\$ 1750.00
Grade 9	N\$ 1800.00
Grade 10	N\$ 1850.00
Grade 11 FT	N\$ 1850.00
Grade 11 PT	N\$ 1850.00

Levy (once off per year)

Primary School - N\$ 500
Secondary School - N\$ 600

I certify that the information I have given in this form is true & correct

Name of Parent _____

Signature _____

Date _____

Thank you for taking time to complete your child's Enrolment Form. We, at Highgate Private School, understand that the information you have provided is PRIVATE and CONFIDENTIAL and will be treated as such. The information is only useful for enabling the school to properly enrol your child.