



# Little Sprouts Montessori Private School

Box 11 Ondangwa  
 Tel / fax: 065 245956  
 Email: [littlesproutschool@gmail.com](mailto:littlesproutschool@gmail.com)

## ELEMENTARY APPLICATION FOR SCHOOL ENROLMENT

Academic year: \_\_\_\_\_ Grade: \_\_\_\_\_ Male:  Female:

PLEASE COMPLETE ALL THE INFORMATION ON THE FORM

1. Personal Details of the Child: ( black ink pen only)	
Surname:	
First Names:	
Date of Birth:	
Place of Birth:	
Home Language:	
Other Languages:	
Citizenship:	
Study Permit No:	<i>(This must be attached please and must be in the student's own passport)</i>
Church Relation/ Religion:	
Any other Siblings(brothers/sisters) at Little Sprouts M Private School: YES: <input type="checkbox"/> NO: <input type="checkbox"/>	
Name: _____	Grade: _____ Name: _____
Name: _____	Grade: _____
Present School:	
Principals Name:	Contact nr:
Any other Previous Schools Attended	
School 1: Grades:	School 2: Grades:
2. Personal Details of Parents:	
Father/Guardian	Mother/Guardian
Title: Initials:	Title: Initials:
Surname:	Surname:
First Names:	First Names:
Preferred Name:	Preferred Name:

ID/ Passport NO.	ID/ Passport NO.
Nationality:	Nationality:
Tel.(h) (w)	Tel.(h) (w)
Cell nr.	Cell nr.
Postal Address:	Postal Address:
Residential Address:	Residential Address:
Profession:	Profession:
Place Employed:	Place Employed:
Position:	Position:
Email:	Email:
<i>*NB-Please complete all the information</i>	<i>*NB-Please complete all the information</i>

<b>3. Person Responsible for the Account:</b>	
Name: ID no:	
P.O. Box:	
Residential Address:	
Cell no:	
Tel no: +264 (w) +264(h)	
Email:	
Work Address:	
<b>4. Medical Information:</b>	
Family Doctor/Practice: Tel. No:	
Physical disabilities or illnesses:	
Known Allergies:	
Who should be contacted if your child feels ill?	
Name: Contact nr:	
Relation:	
Address:	

Any confidential information the school should know about?

**5. Documents:**

Kindly attach the following:

1. Full birth certificate of learner.
2. A copy of most recent school report
3. Recent passport photo of applicant (x 1).
4. ID documents of both Parents or Guardian

**6. General Information:**

- This application does not guarantee placement in the school.
- Acceptance only after admission test is passed. Grd (4-7)
- Please note that a one month written notice is required when a learner leaves school, otherwise parents will be held liable for school fees for subsequent month.

**7. Declaration of Parent or Guardian:**

I, the undersigned, as parent/legal guardian of above scholar, hereby apply for admission to Little Sprouts M Private School. I declare:

- a) That I'm fully aware of the school's medium of instruction;
- b) That I'm fully aware of the spirit, norms and character of the school;
- c) That I'm fully aware of the rules and regulations for the school;
- d) That I'm fully aware of the COVID-19 regulations at the school.
- e) That a once off registration fee (N\$ 350,00) per child and Contingency fee (N\$ 250.00 per term) is payable to the school on registration day.
- f) That a further agreement between myself and the school will be completed and signed on registration day;
- g) That all the information supplied is correct and true in all respects.
- h) ANY LATE PAYMENTS, DISHONoured DEBIT-ORDERS THESE WILL BE SUBJECT TO AN AUTOMATIC PENALTY OF N\$ 85.00 PER MONTH. ANY ACCOUNT LONGER THEN 60 DAYS OUTSTANDING WILL BE HANDED OVER TO ITC.
- i) Families with discounts (3 and more) will forfeit that privilege if account is in arrears 60 days plus.  
That as parent I will pay, as soon as accounts are rendered, all reasonable charges incurred on behalf of the child.

**Father/Guardian: Mother/Guardian:**

Name \_\_\_\_\_ Name: \_\_\_\_\_  
Signature: \_\_\_\_\_ Signature: \_\_\_\_\_  
Date: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR OFFICE USE:**



**AGREEMENT BETWEEN LITTLE SPROUTS M PRIVATE SCHOOL (PTY) LTD (hereinafter referred to as the school) AND THE PARENT/GAURDIAN (hereinafter referred to as the parent) INDICATED BELOW.**

I, \_\_\_\_\_  
 ID NUMBER: \_\_\_\_\_ THE UNDERSIGNED PARENT/GUARDIAN OF:

NAME OF CHILD/REN	GRADE
1.	
2.	
3.	
4.	

*(Hereinafter referred to as the child/ren)*

**AGREE TO THE FOLLOWING:**

1. Enrolment is subject to a **Probation** period.
2. Written notice of withdrawal is to be channelled through the principal, one month in advance.
3. I will ensure that the school is informed when my child becomes **ill**, on a daily basis, before 07h00.
4. **That the school fees are paid monthly in advance by the 05<sup>th</sup> of each month by:**
  - Debit order or/
  - By electronic payments: **Standard Bank, Account No: 60002114525Ongwediva Branch**
5. I accept that unpaid accounts older than 30 (thirty) days will be handed over to a law firm for collection of outstanding money due to the school and/or further legal action.
6. That the school may **withhold my child/ren's school report** if my account is in arrears until it is paid in full.
7. I will ensure that the school is informed about any **changes** in my personal details, e.g. telephone, address, etc.
8. **To pay N\$ 350.00 once off registration fee per child upon registration of the new child/ren.**
9. To inform the secretary immediately of any deposit made directly into the school's account and to provide proof thereof. Any queries regarding accounts must be mad on time.
10. That the Principal or an appointed representative will be authorized to act on the school, the parent's behalf (in loco parentis) in all matters affecting the child/ren while he/she is at school or on official school outings off the school grounds.
11. I will ensure that my child and I familiarized ourselves with the correct school uniform and school rules. School uniforms are available at **BOUNDARY WHOLESALE WINDHOEK. (Sport is compulsory).**
12. **I accept that No cell phones, smart watch, toys** are allowed at school.
13. **I acknowledge** receipt of the school rules, yearly program, stationary list and Annexure A' on Registration day. (Annexure A' must be returned to the school within 7 days).
14. That the Principal or an appointed representative will be authorized to give his consent on the school, the parent's behalf where an emergency operation or other medical treatment is required and my, the parent's consent cannot be obtained without causing undue delay.
15. That the parent hereby indemnify and hold harmless the school, all employee of the school and/or any parent acting as a school official in any school activity; against all and any claims from any injury (light,

serious, fatal) to the child/ren arising from any accident and/or activity partaken in by the child during the following:

- i. All school activities during school hours;
- ii. Transport by bus, mini-bus or private vehicles;
- iii. All informal activities during or after school;
- iv. All formal sport and cultural activities.

16. That the child/ren shall abide by all the school rules and regulations (disciplinary code) as laid down from time to time.

17. That the Principal may summarily suspend the child/ren from the school pending an investigation into gross misconduct by the child/ren.

18. I, the parent, have read and fully understand the points as set out in the agreement.

19. I, the parent, hereby agree to abide by this agreement and to pay all legal costs on an attorney-client scale resulting from disputes which may arise from this agreement.

20. I, the parent is aware of the ITC regulation that the school have.

Parents actively participate in school activities, and are involved in the holistic development of their children.

Parents are the primary caretakers of our children, and they co-operate as a team with the school to inculcate good moral values with our children, in accordance with Little Sprout's Code of Conduct.

Parents must be acquainted with the Code of Conduct and school rules of Little Sprout's, must adhere to it, and encourage their children to adhere to it.

Parents must always act as worthy ambassadors of the school, and they must ensure that their behaviour is never an embarrassment to the school at sports, tours or other school events. Their behaviour must be in accordance with the Code of Conduct and should never bring the school in disrepute.

Parents must respect teachers at all times and never talk negatively about any teacher in the presence of a learner. If a parent has a problem, concern or enquiry of an academic nature, he/she can contact the office for an appointment with the Principal and the teacher.

**No parent may visit a teacher in class during school hours. Please call at the office for appointments.**

Parents must communicate any change in addresses or contact details with the school as soon as possible. This will avoid misunderstandings and miscommunication.

Parents will try to attend all parent meetings organized by the school, in order to ensure that they obtain the necessary information relevant to their child.

When a child must be collected from school in exceptional cases, permission must be obtained from the admin office or principal. The parent must report to reception, where the learner will be called from the class.

All parents and learners entering the school premises must wear a mask due to COVID -19 regulations.

School accounts will be update and parents may feel free to inquire about their account. Parents are liable to pay their account on time. If account is in arrears 60 days and more it will be handed over to ITC.

Signed as Parent / Guardian of the child/ ren indicated above:

X \_\_\_\_\_  
SIGNATURE DATE PLACE

Signed as representative of Little Sprouts M Private School:

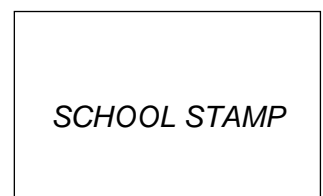
X \_\_\_\_\_  
SIGNATURE DATE PLACE

Indicate if another person or company would normally subsidize your child/ren.

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CELL: \_\_\_\_\_



# Indemnity Form

I, the undersigned,..... (Full names)

being the father/mother/guardian of ..... (Full name of child)

Hereby agree to the terms and conditions below and undertake to abide by them while my child is in the care of Little Sprouts M Private School.

1. I hereby waive all claims I may have against Little Sprouts M Private School, its Headmaster or staff arising from injury, accident, illness or any other cause involving the above-mentioned child, and hereby indemnify the School against all such claims.
2. I hereby authorize Little Sprouts M Private School to take all steps, which it in its absolute discretion may deem necessary, to have the said child admitted to a hospital, and treated by a doctor or other medical attendant. I further understand that I shall be held responsible for the payment of medical and/or hospital accounts arising from treatment.
3. I hereby give permission for the transportation of said child in the school's vehicle (when applicable) for abovementioned purposes, school and home runs where applicable, study trips and other outings arranged during the course of the school year.
4. I hereby give permission for the taking pictures and videos of my child/ren as long as it's for the purpose of promoting and marketing the school as well as for teaching and learning purposes.

\_\_\_\_\_  
Signature of Parent / Legal guardian

\_\_\_\_\_  
Date

---

I, \_\_\_\_\_ Parent/guardian

Of \_\_\_\_\_ (name of child) in grade \_\_\_\_\_

In (2022) of enrolment at Little Sprouts M Private School), hereby acknowledge that I have studied the Code of Conduct and the educational policy of Little Sprouts M Private School. I have taken notice of the rules and regulations as set out in this document, and hereby declare that I will submit myself to this, and cooperate with the school to encourage my child to submit to these rules and regulations.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

I, \_\_\_\_\_ (name of learner), who  
has been accepted as a learner at Little Sprouts M Private School in grade \_\_\_\_\_ at Little Sprouts M Private  
School), hereby acknowledge that I have studied the Code of Conduct and educational policy of Little Sprouts M  
Private School. I have taken notice of the rules and regulations as set out in this document, and hereby declare that  
I will submit myself to this, and cooperate with the school to establish a well-disciplined atmosphere to the benefit of  
all learners at Little Sprouts M Private School.

\_\_\_\_\_  
Signature of Learner

\_\_\_\_\_  
Date