

LITTLE SPROUTS MONTESSORI PRIVATE SCHOOL

P.O Box 11, Tel: 065- 245956/ 0813702050, Fax : 065- 245956
Ondangwa ,9000

Attach
passport
photo here

APPLICATION FORM FOR ADMISSION PRE PRIMARY – GRADE 3

GRADE: _____

Take note of the following:

- This form must be completed in ink by the Parents/ Guardians of the child.
- Attach the certified copies of child full birth certificate
- Certified copy of most recent School Progress Report
- 1 passport photo
- This form should be accompanied by a once off payment for registration fee **N\$350.00** and is non-refundable.

LITTLE SPROUTS PRIVATE SCHOOL
ACC: 60002114525
BRANCH: ONGWEDIVA
STANDARD BANK

PARTICULARS OF LEARNER:

Full Names _____

Date of Birth: (dd) _____ (mm) _____ (year) _____ Gender: M _____ F _____

Nationality _____ Home language: _____

Previous school: _____ Previous Grade: _____

Means of Transport to/ from school: _____

Parent's / Guardian information

Mother / guardian

Father / guardian

Surname _____
First name _____
Telephone: cell _____
Home: _____
Work: _____
E-mail: _____
Residential address: _____

Postal address: _____

Occupation: _____
Place of Employment: _____

Surname _____
First name _____
telephone: cell: _____
Home: _____
Work: _____
E-mail: _____
Residential address: _____

Postal address: _____

Occupation: _____
Place of Employment: _____

Person to be contacted in the case of an emergency if parents are not available:

Name: _____ Relationship to a learner: _____

Telephone number: Home: _____ Work: _____ Cell: _____

Is this person authorized to act in your absence on your behalf in case of a medical emergency involving your child? Yes / No _____

If NO please provide details _____

Medical history information

1.1 Height of the child _____m

2. Body mass of the child _____kg

Was/ is the child suffering from any of these diseases	Yes / No
<input type="radio"/> Eyes/ ears problem	
<input type="radio"/> Physical allergies	
<input type="radio"/> Disability challenge	
<input type="radio"/> Breathing problem	
<input type="radio"/> Asthma	
<input type="radio"/> Other please state	

1.2 Any deformation of any kind:

1.3 Any other illness that is not stated:

1.4 State any allergic that the child suffers from:

DECLARATION

I _____ the parent of _____

(child name), hereby declare that the above particulars are complete and correct and I have not withheld any required information.

Parent Signature: _____ Admin Signature _____

Accepted Date: _____

PARENTS'/GUARDIANS' AGREEMENT TO COMPLY WITH THE SCHOOL'S POLICIES and THE PAYMENT OF SCHOOL FEES

By signing this document I agree to the following:

- I agree to make payment of school fees (and other cost incurred) on time and in terms of the agreed method of payment monthly or annually. I accept that in the event of failure to make these payments for a period in excess of one month the school will not permit my son/daughter to attend school until all costs are settled. Non-payment for longer than 2 months will lead to the removal of my son/daughter from the school and the collection of the outstanding debt by the school's attorneys and I agree to pay all costs for purposes of such collection on an attorney/client scale. Inclusive of collection costs and/ or tracing costs.
- The attendance by my son/ daughter at school functions deemed to be compulsory (e.g. Commencement mass, prize giving, sport fixtures etc.) is accepted. Written permission, in good time, for my son/daughter to miss school (e.g. exceptional circumstances requiring travel) or any compulsory function is required. Failure to do so could lead to discipline against my son/daughter. Failure to submit a request to miss days at the end of term will result in my son's/ daughter's report being withheld until such time that an explanatory letter received.
- I understand that my son/ daughter may be disciplined for publishing defamatory and/or negative remarks about the school, the teachers and the other students of the school as well as their families in any media, including electronic media (code of conduct- level 2 and level 3 offences (referring to bullying).
- I permit the school to use my son's/daughter's photograph on the school website or in school publications.
- I agree to provide a doctor's note in the case of my son's/daughter's illness in excess of two days and for any cycle test or examination that is missed.
- I agree to ensure that my son's / daughter's arrives punctually (school starts at 7:30) neatly and appropriately dressed for school function.
- I herewith indemnify Little Sprouts and Montessori Private School against injuries that may be occasioned to my child or damages to my child's property arising out of normal school activities, the behavior or actions of other students or other third parties on the school premises or at school functions. Such applies to normal school attendance activities on school ground, school outings or other school- related activities or travelling pertaining to such outings.
- I agree that in case of a perceived threat to the students 'personal safety and/or to their property, Little Sprouts and Montessori Private School reserves the right carry out an unannounced bag and locker check of all or individual students and I herewith give the school the irrevocable permission to carry out such random searches of my child's property and person, in the best interests of the school, and at the sole discretion of Little Sprouts and Montessori Private School.

NAME OF PARENT/GUARDIAN.....
NAME OF SON/DAUGHTER.....GRADE.....
SIGNATURE.....DATE.....

STUDENT’S AGREEMENT TO COMPLY WITH THE CODE OF CONDUCT

By signing this document I agree to the following:

- I agree to attend school functions deemed to be compulsory (e.g. Commencement Mass, Price Giving, Sport fixtures etc.)
- I agree to refrain from publishing defamatory and / or negative remarks about the school, the teachers and the other students of the school as well as their families in any media, including electronic media (facebook, twitter, etc).
(Code of conduct – level 2 and level 3 offences [referring to bullying].)
- I understand that plagiarism is a serious offence. This includes submitting work copied (copy paste) from the internet.
(Code of Conduct – level 2 offence referring to “copy another person’s work”).
- I understand that the school requires written letters of request from parents/ guardians, in good time, for absence from school or any compulsory function. Failure to do so could lead to discipline against me. Failure to submit request to miss days at the end of term will result in my report being withheld until such time that an explanatory letter is received.
- I understand that my parents / guardians are to provide a doctor’s note in the case of my illness in excess of two days and for any cycle test and examination that is missed.
- I permit the school to use my photograph on the school website or in school publications.
- I agree to be punctual (school starts at 07:30), neat and appropriately dressed for school or for any school function. I agree that the school uniform in its entirety will be worn according to the uniform guidelines.
- I understand that in case of a perceived threat to the safety of students and / or our property, the school has the right to carry out an unannounced bag and locker check of all or individual students and I herewith give the school the irrevocable permission to carry out such random searches of my property and person, in the best interests of the school, and in the school’s discretion.

Students Full Name:.....Grade.....

Signature:..... .Date:.....

**LITTLE SPROUTS MONTESSORI PRIVATE SCHOOL
ONDANGWA**

Registration no.7068

FINANCIAL AGREEMENT

Year: 2024

Office opening hours

School time: Monday –Thursday (07:00am-17:00pm)

Friday (07:00am-15:30pm)

- **Non-refundable registration fees: N\$ 350.00 PA (new learners)**
- **Contingency fees: N\$ 250.00 payable per term**
- **Crèche daily: N\$ 150.00 per day**
- **Opening hours 07h00am- 13H30 and 17h30 (after school care)**

❖ FEES AND DISCOUNT TABLE 2024

Nursery and Pre grade N\$ 670.00 per month

NO OF LEARNERS	FEES PER MONTH
2 SIBLING	N\$ 1340.00= N\$1320.00
3 SIBLING	N\$ 2010.00= N\$ 1980.00
4 SIBLING	N\$ 2680.00= N\$ 2640.00
5 SIBLING	N\$ 3350.00= N\$ 3300.00

Lower Elementary Grade 1-3 N\$ 730.00 per month

NO OF LEARNERS	FEES PER MONTH
2 SIBLING	N\$ 1460.00= N\$ 1440.00
3 SIBLING	N\$ 2190 .00= N\$ 2160.00
4 SIBLING	N\$ 2920 .00= N\$ 2880.00
5 SIBLING	N\$ 3650.00= N\$3600.00

Upper Elementary Grade 4-6 N\$ 850.00 P/m

1. School fees are paid one month in advance and due on or before the 05th of every month e.g. January 2024 should be paid in December 2023.
2. 10% Penalty fee for all late payments.
3. All fees are paid monthly/Quarterly from Jan-Dec.
4. One month written notice should be given prior to cancellation of your agreement with the school , failing to do this will result your child not receiving a reference letter or any refund due etc.
5. The school will only issue one reference letter per child.
6. Any further queries should be forwarded to the school office on time.
7. **Fees not up to date per term will result in the withholding of reports and your child not being allowed to return to school until fees are settled.**

CHILD'S FULL NAME: _____ Student number _____

DATE OF BIRTH _____ SIBLINGS AT SCHOOL: YES/NO NUMBER OF SIBLING _____

GRADE OF SIBLING/S _____ ; _____ ; _____ ; _____

PARENTS/GUARDIAN SIGNATURE: _____ DATE _____

LITTLE SPROUTS MONTESSORI PRIVATE SCHOOL
OSHANA REGION
P.O.BOX 11, ONDANGWA, [TEL:065-245956](tel:065-245956)
FAX: 065-245956
E-mail: littlesproutschool@gmail.com

Dear parents / Guardians

RE: APPLICATION FOR 2024- PRE GRADE – GRADE 3, 2024

Thank you for the trust you have put in our school with your child’s application for 2024. Your child’s application is approved on the following conditions:

Enrolment is subject to a Probation period.

1. Written notice of withdrawal is to be channeled through the principal, one month in advance.
2. A deposit of once of payment of N\$ 350.00 non-refundable registration fee
The monthly school fees and N\$ 250.00 for contingency fee (per term)
Stationery must be supplied by learners. (Please receive info from the class teacher)
Learners will only be considered if all above fees are paid in full.
3. A January school fee must be paid on registration day.
4. The school fees is paid monthly in advance by the 05th of each month by:
 - Debit order or/
 - By electronic payment: Standard Bank No: 60002114525 Branch: Ongwediva
Please note that the school will no longer accept:
ANY LATE PAYMENTS, THESE WILL BE SUBJECT TO AN AUTOMATIC PENALTY FEE PER MONTH. ANY ACCOUNT LONGER THEN 60 DAYS WILL LEAD TO THE REMOVAL OF THE LEARNER FROM THE SCHOOL.
5. Ensure that the school is informed about any **changes** in your personal details, e.g. telephone, address, etc.
6. Each child will receive his / her agreement complies with the code of conduct.
School uniforms are available at BOUNDARY WHOLESale, Windhoek.
7. No cell phones are allowed at school.
8. Ensure that the school is informed when your child becomes **ill**, on a daily basis before 08h00.
9. Due to COVID-19, your child must wear a mask to school every day.

KIND REGARDS

.....
MRS. N. SIMBUNGU
SCHOOL PRINCIPAL

Please complete and return with deposit payment on or before 05 January 2024.

Iparent/guardian of.....

Hereby:

 Accept placement for grade _____2024
Cancel the application for grade _____2024

.....
Signature of Parent/ guardian

.....
Date

Aftercare Club (Monday to Thursday) ONLY

School hours (Gates open at 07H00 am and closes at 07:25am)

- Pre grade 07:30 am - 12:00 pm
- Lower elementary 07:30 am - 12:30 pm
- Upper elementary 07:30 am - 13:30 pm

Fees per child per month

Pre-grade	12:30	17:30	N\$350.00 pm
Lower elementary	13:00	17:30	N\$300.00 pm
Upper elementary	14:00	17:30	N\$250.00 pm

NB All children need to be picked up on time. Only children who have registered for the aftercare will be allowed to remain on the school premises after school. The aftercare club closes exactly at 17:30 Monday to Thursday and there will be no one to look after children beyond this time.

This must be signed by all parents/guardians only

I (parent/guardian's name) _____ hereby give consent that (child's name) _____ (will / will not) take part in the school aftercare club. I give permission to LSMPS to take part in activities that may occur from time to time during this time. I as a Parent/Guardian herby also agree that should my child not be able to participate due to medical reasons or other unforeseen circumstance, he/she will be sent home early and the school will not be held accountable. I agree that I will pick up my child/ren on time and before 5.30 pm. I agree to all the rules and regulations of the school club and will endeavour to be responsible in my participation of this club.

Signed Parents/Guardian: _____ (I submit that I am authorize to agree to the above terms) Date: _____ cell: _____ alternative cell: _____

Email: _____