



Behind Niimboto Complex | Okangwena, Ondangwa
083 729 2200 | admin@rhodesprivateschool.com | www.rhodesprivateschool.com

2025 Application Form

SCHOOL PROGRAMS

Please cross your choice appropriately below:

Programs	Age	Amount/ Month	School Time	Cross X <i>(On Preferred Program)</i>
Nursery & Kindergarten	3 - 5 Years	N\$ 700.00	08:00 – 12:00	
Pre- Grade	6 Years	N\$ 800.00	08:00 – 12:00	
Grade 1	7 Years	N\$ 1100.00	08:00 – 15:00	
Grade 2	8 Years	N\$ 1100.00	08:00 – 15:00	
Grade 3	9 Years	N\$ 1100.00	08:00 – 15:00	
Grade 4	10 Years	N\$ 1200.00	08:00 – 15:00	
Grade 5	11 Years	N\$ 1200.00	08:00 – 15:00	
Grade 6	12 Years	N\$ 1200.00	08:00 – 15:00	

NOTICES

- Complete this form fully and return to school with all necessary documents attached to it.
- Applying at Rhodes is not a guarantee of acceptance.
- All grade fees are inclusive of Stationeries, which are to be bought by the school.
- Grade 1 to 6 fees are inclusive of Stationeries & Extracurricular activities.
- Complete this form in capital letters

STUDENT INFORMATION

First Names: _____ Surname _____

Gender: Male Female Current Age: _____ years

Date of Birth: (Day) _____ (Month) _____ (Year) _____

Residential Address: _____ PO Box _____

Cellphone Number: _____ WhatsApp Number: _____

Second Language Options: Oshindonga Afrikaans

Choose your preferred Club:

Gymnastics Club Chess Club Swimming Club Music Club
Readers Club Basketball Club Table Tennis Club Boxing Club
Boat Rowing Club Robotics & Programming Club

NB: The club choice above is not a guarantee that the child will participate in that club, as the school will assess the child's abilities in that club/ activity.

MEDICAL INFORMATION

PLEASE ONLY TICK WHERE APPLICABLE

Does your child suffer from/ attend/ receive any of the following?

	Yes	No
Physical Disability	<input type="checkbox"/>	<input type="checkbox"/>
Allergies	<input type="checkbox"/>	<input type="checkbox"/>
Chronic Diseases	<input type="checkbox"/>	<input type="checkbox"/>
Occupational Therapy	<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>
Remedial Therapy	<input type="checkbox"/>	<input type="checkbox"/>
Any defined syndrome; e.g Dyslexia, ADHD, etc.	<input type="checkbox"/>	<input type="checkbox"/>

If **Yes** to any of the above, kindly give full details below: *(Attach relevant reports if available)*

FAMILY INFORMATION

Mother/Guardian

Surname: _____

First Name: _____

Occupation: _____

Employer: _____

Residential Area: _____

Cell Phone: _____

Email Address: _____

Marital Status: _____

Father/Guardian

Surname: _____

First Name: _____

Occupation: _____

Employer: _____

Residential Area: _____

Cell Phone: _____

Email Address: _____

Marital Status: _____

Child Lives with: Please Tick

Both Parents

Mother

Father

Other (please name) _____

PICK UP INFORMATION

Tick in the appropriate box below

Mode of Transport:

Walking

Private Car

Taxi/ Bus

Pick Up Person #1: _____

Cell Phone _____ Relationship to Child: _____

Pick Up Person #2

Cell Phone _____ Relationship to Child: _____

PAYMENT OPTIONS

Our Payment method: **Debit Order**

Monthly: Termly: Yearly: '10% discount on the fees'

NB: We do not accept cash/ cheques only account payments.

DETAILS OF PERSON RESPONSIBLE FOR FEES:

Account Holder's Name: _____ ID/ Passport No: _____

Home Cellphone: _____ Work Cellphone: _____

Residential Address: _____

I _____ accept the responsibility for all the financial obligations and understand that failure to pay by the beginning of each month will automatically result in being handed over to debt collectors/ lawyers and I also accept that no refunds will be given to me on school fees paid upfront if I fail to give one month's notice should I decide to take my child to another school, I will be liable for all legal costs.

REGISTRATION POLICY

To register your child the school requires:

1. A completed Application form
2. A copy of your child's birth certificate or passport as proof of age
3. Recent progress reports or educational assessments that are available

PLEASE TAKE NOTE OF THE FOLLOWING

1. School fees are paid for a period of 12 months.
2. Fees should be paid in advance or beginning of each month.
3. All parents are entitled to a grace period of 5 days, after the 5th day of the month a penalty of N\$ 100.00 will accumulate on the school fees. A Payment Policy document to be issued to each parent enrolled with us.
4. School uniform will be purchased via the school's uniform supplier
5. Should I/ We intend to withdraw my/ our child/ren from school, I/ we need to give at least 1 month's written notice to the school. If I/ we do not comply with the agreement, I/ we will be kept liable for additional charges for the month.
6. NO REFUNDS ON REGISTRATION AND TUITION FEES
7. I/ we will be obliged to sign the school oath as well as an annual indemnity form & consent letter to allow my/ our child/ren to go to educational/ school outings/ excursions/ activities.
8. Our school fees are inclusive of stationery fees, extracurricular fees and operational fees.
9. All parents are encouraged to fill in the debit order form to ease on the form of payment.

BANK DETAILS

First National Bank
Rhodes Private School
62246660452
Ondangwa
21373

We/ I hereby confirm that the above-mentioned information is correct and will comply with the school policies, regulations and rules.

Name of Parent/Guardian (print)

Signature