



**ALL NATIONS  
CHRISTIAN SCHOOL**

## APPLICATION FORM

|                              |                      |              |                      |
|------------------------------|----------------------|--------------|----------------------|
| Current Date:                | <input type="text"/> |              |                      |
| Current Grade:               | <input type="text"/> |              |                      |
| Seeking enrolment for Grade: | <input type="text"/> |              |                      |
| For the year:                | <input type="text"/> |              |                      |
| Date of Birth:               | <input type="text"/> |              |                      |
| Surname of Student:          | <input type="text"/> |              |                      |
| First Names:                 | <input type="text"/> |              |                      |
| Calling Name:                | <input type="text"/> | Male/Female: | <input type="text"/> |
| Home Language:               | <input type="text"/> | Nationality: | <input type="text"/> |

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|                   |                      |                     |                      |
|-------------------|----------------------|---------------------|----------------------|
| Date handed in:   | <input type="text"/> | Date of enrolment:  | <input type="text"/> |
| Date interviewed: | <input type="text"/> | Deposit Receipt Nr. | <input type="text"/> |
| Date tested:      | <input type="text"/> | Performance Level:  | <input type="text"/> |

"Train a child in the way he should go and when he is old he will not turn from it."

Proverbs 22:6

P O Box 6666, Ausspannplatz, Windhoek, Namibia, Tel. (061) 251 763, Fax (061) 230 295, E-mail: info-ancs@iway.na

<http://www.allnationsschool.com.na> / <http://www.aceministries.co.za>

## STUDENT INFORMATION

|                                                      |  |       |  |        |  |
|------------------------------------------------------|--|-------|--|--------|--|
| <b>Siblings currently attending ANCS:</b>            |  | Yes:  |  | No:    |  |
| Surname:                                             |  | Name: |  | Grade: |  |
| Surname:                                             |  | Name: |  | Grade: |  |
| <b>Siblings or family members who attended ANCS:</b> |  | Yes:  |  | No:    |  |
| Surname:                                             |  | Name: |  | Grade: |  |
| Surname:                                             |  | Name: |  | Grade: |  |

|                                                                                                                                                           |       |               |       |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|-------|---------------|-------|
| <b>Name of Family Doctor:</b>                                                                                                                             |       | Telephone:    |       |
| <b>Medical Aid:</b>                                                                                                                                       |       | Med. Aid No.: |       |
| <b>How is the general health of student?</b>                                                                                                              | Good: |               | Poor: |
| <b>Does the student suffer from any allergies or any physical or mental disabilities that will hamper participation in sport or any other activities?</b> |       |               |       |
|                                                                                                                                                           | Yes:  |               | No:   |
| If YES, please elaborate:                                                                                                                                 |       |               |       |
|                                                                                                                                                           |       |               |       |

|                                                              |      |  |     |  |
|--------------------------------------------------------------|------|--|-----|--|
| <b>Does the student understand English?</b>                  | Yes: |  | No: |  |
| <b>Does the student speak English?</b>                       | Yes: |  | No: |  |
| <b>What is the student's home language (if not English)?</b> |      |  |     |  |

| Details of current school or of last school attended: |            |  |      |  |
|-------------------------------------------------------|------------|--|------|--|
| Name:                                                 |            |  |      |  |
| Address:                                              |            |  |      |  |
| Code:                                                 | Telephone: |  | Fax: |  |
| Email:                                                |            |  |      |  |
| Contact person:                                       |            |  |      |  |

| Church Affiliation: |  |
|---------------------|--|
| Name of church:     |  |
| Pastor:             |  |
| Tel. / Cell phone:  |  |

| Other:                                                                                                    |
|-----------------------------------------------------------------------------------------------------------|
| Any other information (medical or otherwise) that you would like to bring to the attention of the school: |
|                                                                                                           |
|                                                                                                           |

## PARENT / GUARDIAN INFORMATION

|                                                                   |        |             |              |  |          |  |
|-------------------------------------------------------------------|--------|-------------|--------------|--|----------|--|
| <b>Father</b>                                                     | Title: |             | First names: |  | Surname: |  |
| Nationality:                                                      |        |             |              |  |          |  |
| Postal Address:                                                   |        |             |              |  |          |  |
| Home Address:                                                     |        |             |              |  |          |  |
| Tel. (H):                                                         |        | Tel. (W):   |              |  |          |  |
| Fax:                                                              |        | Cell phone: |              |  |          |  |
| E-mail:                                                           |        |             |              |  |          |  |
| Occupation:                                                       |        |             |              |  |          |  |
| Employer:                                                         |        |             |              |  |          |  |
| If less than 5 years, please supply details of previous employer: |        |             |              |  |          |  |

|                                                                   |        |  |              |             |          |  |
|-------------------------------------------------------------------|--------|--|--------------|-------------|----------|--|
| <b>Mother</b>                                                     | Title: |  | First names: |             | Surname: |  |
| Nationality:                                                      |        |  |              |             |          |  |
| Postal Address:                                                   |        |  |              |             |          |  |
| Home Address:                                                     |        |  |              |             |          |  |
| Tel. (H):                                                         |        |  |              | Tel. (W):   |          |  |
| Fax:                                                              |        |  |              | Cell phone: |          |  |
| E-mail:                                                           |        |  |              |             |          |  |
| Occupation:                                                       |        |  |              |             |          |  |
| Employer:                                                         |        |  |              |             |          |  |
| If less than 5 years, please supply details of previous employer: |        |  |              |             |          |  |

|                                           |         |           |          |          |       |
|-------------------------------------------|---------|-----------|----------|----------|-------|
| <b>Marital status of the parents:</b>     | Married | Separated | Divorced | Single   | Other |
| Please explain other:                     |         |           |          |          |       |
| <b>With whom does the student reside?</b> | Parents | Father    | Mother   | Guardian | Other |
| Please explain if other:                  |         |           |          |          |       |

### PAYMENT OF SCHOOL FEES

|                                                                  |        |              |             |
|------------------------------------------------------------------|--------|--------------|-------------|
| Who is responsible for payment of school fees?                   | Father | Mother       | Neither     |
| <b>If neither of the parents, please complete the following:</b> |        |              |             |
| Title:                                                           |        | First names: |             |
| Nationality:                                                     |        |              |             |
| Postal Address:                                                  |        |              |             |
| Home Address:                                                    |        |              |             |
| Tel. (H):                                                        |        |              | Tel. (W):   |
| Fax:                                                             |        |              | Cell phone: |
| E-mail:                                                          |        |              |             |
| Employer:                                                        |        |              |             |
| <b>SCHOOL FEES ARE PAYABLE BY DEBIT ORDER ONLY.</b>              |        |              |             |

### BANK DETAILS

|                                                   |  |  |  |
|---------------------------------------------------|--|--|--|
| Bank:                                             |  |  |  |
| Branch:                                           |  |  |  |
| Account Number:                                   |  |  |  |
| How long have you been with above-mentioned bank? |  |  |  |

|                                                                                                                             |             |
|-----------------------------------------------------------------------------------------------------------------------------|-------------|
| <b>We, the undersigned, declare that this application form has been filled in correctly. We also herewith undertake to:</b> |             |
| 1. Honour and submit to all school rules.                                                                                   |             |
| 2. Pay school fees faithfully and timeously on or before the first of each month.                                           |             |
| Father's signature: _____                                                                                                   | Date: _____ |
| Mother's signature: _____                                                                                                   | Date: _____ |
| <b>P.T.O</b>                                                                                                                |             |

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Only

**PLEASE SUBMIT THE FOLLOWING WITH YOUR APPLICATION:**

1. A copy of the student's birth certificate and parents' I.D. or passport.

2. 2 x Student I.D. photos

3. Copy of parent's I.D. or passport

4. Application for Grade 1: copy of official school readiness test from one of the following psychologists: Magda Swanepoel (061-255367), Marlize Calitz (061-413350)

5. Application for Grade 2-7: copy of most recent progress report

6. Most recent Municipal Account

7. The completed and signed:

- Student Information Form

- Financial Agreement

- Debit Order

8. **NON-NAMIBIANS: STUDY PERMIT FROM MINISTRY OF HOME AFFAIRS**

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